

THE CHRONIC MIASMS

PSORA AND PSEUDO-PSORA

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DEDICATION.

THIS BOOK IS DEDICATED TO ONE WHO, THROUGH ALL TIMES
AND THROUGH ALL TRIALS AND DISCOURAGEMENTS,
IN ALL DIFFICULTIES AND PERPLEXITIES, HAS
BATTLED FOR THE TRUTH OF HOMŒ-
OPATHY LIKE A VALIANT
KNIGHT OF OLD,
TO THE AUTHOR'S PHYSICIAN,
PRECEPTOR, TEACHER AND FRIEND, TO
THE ONE WHO FIRST TURNED HIS MIND TOWARD
THE LIGHT AND TO THE LAW OF CURE, TO THE NESTOR OF
HOMŒOPATHY IN THE WEST, DR H C ALLEN
THE AUTHOR

PREFACE

"As our institutions are, so are our people."

As the teacher is, so are our schools and our students. We see these truths demonstrated every day, as we study the internal workings of our medical institutions, and we meet with the finished product of their teaching, in the form of the yearly out-put of graduates. In a brief period of time we see the effect of the Alma Mater upon the people with whom our graduates come in contact—"as our institutions are, so are our people."

We can only teach the people that which we are taught. We heal our patients as we are taught to heal them. The fount and source is our sea-level—we seldom rise higher.

It was these and like thoughts which prompted the author to write this book. The younger men of our profession stand greatly in need of such a work; they must become acquainted with Hahnemann's teachings and precepts, so wonderfully laid down in his Organon of Medicine (yet so difficult for many to understand), in order to apply the law of cure. The busy practitioner has

no time, and perhaps no one to help him to work out the vital problems given us by the great teacher, Hahnemann. The demands of my students, and requests from the profession at large, have induced me to put my knowledge of these subjects into book form.

Like many others of the professors, we have patiently waited for years, hoping that some zealous student of the *Organon* might come forward and write such a work, but no one came, so, the author has humbly taken up the work, hoping that it may in some degree meet the demand, if not the approval, of the profession.

The second volume, *Sycosis*, which is to follow soon, will give, not only a full and exhaustive description of the action of this malignant miasm in all its forms, but the diseases and complications that arise in the primary, secondary and tertiary stages, besides a complete therapeutics of Gonorrhœa, the Kidneys, Bladder and urinary organs in general, together with the treatment of Dysmenorrhœa in its multiple presentations, that of itself will be of great value to the profession.

A short description of how to use this work will be given at the back of the book.

THE AUTHOR.

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THE CHRONIC MIASMS

PSORA AND PSEUDO-PSORA

The discovery of the chronic miasms by Hahnemann was a deathblow to the erroneous conceptions of the etiology of disease, in his day, and it is none the less true in our day, although a century of years lies between, and an army of thinkers, and investigators, along these lines have arisen, and many of them departed this life since Hahnemann said that Psora was the parent, or the basic element, of all that is known as disease. Since his day many an etiological structure has arisen, but to fall with its own weight, or to be torn down and its debris removed to make room for other structures no less endurable. Probably one of the greatest and most endurable of these structures, or in other words, one of the greatest attempts at formulating a theory, or basic principle of philosophy for the present so-called regular system of medicine, was Virchow's cellular pathology theory. So numerous were the followers of this high-class leader of that school that he has been styled the *high priest of cellular pathology*,

which for more than twenty years formed the basis of orthodox medicine, but which has been largely displaced and abandoned for other theories of no greater therapeutic value. Klebs has declared Virchow's theories to be undemonstrable and, indeed, extremely improbable. But in his doctrine of independent activity of the cell there lay concealed *vitalism*, a thing untenable by any materialistic school of medicine. He came up to the very doorway of the truth. His cell, the unit of life, was vivified or Deified, as the case might be, by chemical processes, or by chemical change. But the great Hahnemann had conceived of a life force that was before the chemical or mechanical; hence, his theory of the vital force, without which there would be no organic chemistry. Thus arose chemical medicine or chemical therapeutics, with all its multiplicity of chemical compounds and formulas, as seen in the prescription writing of today. It has ended, as we might expect, in empiricism, which is governed only by the seeming necessity of the case and the judgment of the individual in charge.

Hahnemann had gone all through this, had weighted and measured it, analyzed it from every standpoint, but found it wanting. No one can read carefully the sixty-eight pages of the introduction to his *Organon* without coming, positively, to that conclusion. He not only understood fully the unscientific workings of all the systems of medicine of his day, but he went farther; he was able to prophesy the outcome and the progress and path of

these systems. Why? Because he understood so well their unscientific basis, that he knew that their development could not be otherwise. "The spring could not reach a higher level than its source." How true this is. The systems have not changed materially; their modes and methods of procedure are unaltered. While they have abandoned some of their grosser and more objectionable methods, they have adopted others which are no less objectionable and no less harmful, and fully as detrimental to the good of the race. In this I refer, of course, only to their therapeutic methods. Nor can it be otherwise where "no other law save man's reason regulates events," when no law dictates, or where there are no divine principles to which to conform, where nothing is stable or fixed in the entire system, be it therapeutic, etiological or pathological, even, all are subjects of change and uncertainty. But Hahnemann has brought order from confusion; having formulated substantial laws and principles, he has removed uncertainty, and all his true followers are of one mind and one accord because of these facts.

Some one may ask, why it is necessary for a true homœopath to know about these chronic miasms. As long as he prescribes according to the law of similia he cures his cases. There are many reasons why he should be able to distinguish their presence in the organism, whether it be psora, latent syphilis, especially the tubercular form, or whether it be sycosis. Dr. Hering, however, in his introductory remarks in the *Organon* (3d

American edition), thinks it not of vital importance: "What important influence can it exert whether a homœopath adopt the theoretical opinions of Hahnemann or not, so long as he holds the principal tools of the master and the materia medica of our schools? What influence can it have, whether a physician adopt or reject the psoric theory, so long as he always selects the most similar medicine possible?" The last line is well timed: "*So long as he selects the most similar medicine possible.*" The fact is, we can not select the most similar remedy possible unless we understand the phenomena of the acting and basic miasm; for the true similia is always based upon the existing basic miasms, whether we be conscious or unconscious of the fact. The curative remedy is but the pathopoesis of a certain pathogenesis of an existing miasm. The proving of a remedy would be very indefinite to us if the name were withheld from us. Suppose that you were making a proving of sulphur or aconite. Why, the first thing you would do, would be to ask for their names, you would say, I shall not attempt to use these remedies without knowing their names. So it should be with the disease-producing agent. We should know, not only the name of that underlying principle that fathers that phenomena with which we are so diligently and earnestly contending and combating. It is the difference between an intelligent warfare and fighting in the dark, it is no longer a battle in the mist. Again, suppose that we prescribe the similar remedy and have no

knowledge of the laws of action and reaction (or primary and secondary action), how can we watch the progress of a case without a definite knowledge of these disease forces (miasms), with their mysterious, but persistent, progressions, pauses, rests, forward movements, retreats and attacks along unfamiliar lines, and of whose multiplied modes of action we have taken no cognizance? In fact, if we know nothing about the traits and characteristics of our enemy, is it possible to wage an equal warfare? Suppose that one would say that disease was due to bacteria, to a certain germ, to atmospheric conditions, to taking cold—facts to which the majority of diseases are attributed, would those facts assist us in the selection of the similar remedy? Would they help us to understand the phenomena of germ development, of taking cold? Why should he take a cold? Why should one have germs or be subject to atmospheric changes? are thoughts that come to the reasoning mind. Why should disease return in the same form or some diverse form? These are the things that disturbed the mind of Hahnemann, and in the end, led him to discover the psoric theory of disease. I say to Dr. Hering, NO, the men who select the similar remedy and who are ignorant of causes and effects are not true healers of the sick and have not the mind of the master. His is a true system of medicine, but there are thousands of men and women who become familiar with but a few remedies or a few pages of our *materia medica*, and who go out

to fight against the complexity of disease, which are due to the combinations of psora, syphilis and sycosis, and have no knowledge of the character and habits of the enemy. Their work is often hidden for years, so latent and pent-up are these forces in the organism. How many times have we based our prescription upon the totality of the symptoms that were entirely nervous or reflex, when, really, in the totality, values were not considered. But values *must* be considered, for reflexes are always secondary, and primary or basic symptoms directly of miasmatic origin. The nervous phenomena may be palliated by such a procedure; but it returns, and time is lost in the experiment; while the physician skilled in anti-miasmatic prescribing overlooks the foamings upon the surface, and dips deeper into the case, looking for *prima causa morbi*, and applies a remedial agent that has a deeper and closer relationship with perverted life force. The results were always better, and thus he soon learns to familiarize himself with these basic groupings that lie beneath all that may be called disease "simply because of their more tedious and burdensome operation (as psora, syphilis and sycosis), can not be overcome or extinguished by the unaided vital energies until these are more thoroughly aroused by the physician, through the medium of a *very similar*, yet more powerful, morbid agent," (a homoeopathic remedy.) (A footnote from Sec. 107, Organon.) You see it must be a very similar remedy, suited to the nature and action of one of these

chronic miasms. In this way we get at the natural disease itself whose existing dynamis lies in the peculiar dynamis of the miasm, Hahnemann has said (paragraph 13, *Organon*) that all the autipathic schools consider disease to be something separate from the organism, and the vivifying principle that animates or vitalizes the organism to be some obscure or hidden thing stored away somewhere internally. They could not discern, it seems, that invisible something, called life, that suffers from these miasmatic influences. Continuing the thought in paragraph 15: "The suffering of the immaterial vital principle which animates the interior of our bodies, when it is morbidly disturbed, produces symptoms in the organism that are manifest" etc.; and it is these morbidly produced symptoms that constitute what is known as disease in all its multiplied forms, whether functional or structural.

A knowledge of all miasmatic phenomena would be, in toto, a complete knowledge of all that is known as disease, and beyond these symptoms there is nothing discoverable or recognizable as disease.

Paragraph 19: "Disease is nothing more than changes in the general state of the human economy, which declare themselves as symptoms," or, in other words; disease is but the influence of some subversive force, acting in conjunction with the life force, subverting the action and changing the physiological momentum. Thus we can safely say that disease is but a modified mode of motion,

a vibratory change. Hemple's definition of disease covers this ground, to my mind, more fully than any other philosophical definition: "*Disease is the totality of the effects, by which we recognize or perceive the action of a peculiar order of subversive forces upon an organism which has been exceptionally or specially adapted to, or prepared for their reception.*" We might draw a little closer if we say disease is the vicarious embodiment of some miasmatic influence that has bonded itself with the life force, producing disease according to the type, as is seen in psora or any other of the chronic miasms, just as we see in a piece of lime or charcoal an external, visible type or embodiment of an internal dynamis that through the process of potentization develops the artificial subversive force. The difference is that one has an existing natural bond (that is the miasm) with the life force, while the other (drug) can be introduced into the organism and, by its bond with the life force, produce the artificial disease phenomena, a fact that is undemonstrable to science save through the action of the life-force's dynamis.

It might be well to recall some of the simple reasons given by Hahnemann as proof of the existence of a chronic miasm, lying beneath all these multiplied outward expressions of disease. The first to be mentioned was the persistency of chronic ailments, seen when the diet, hygiene and general health of those patients were carefully considered. Even then the life force was unable to

disengage itself from certain recurrent expressions of disease, conditions which were constantly repeating themselves; although the apparently well-selected remedy was given with what appeared to be success, as the symptoms were, for a time, removed, removed but to return with all their former energy, or with a new expression of symptoms, having to all appearances the same root or origin.

With no external etiological reason they seem to come from within the organism itself, developing from some peculiar dynamis within. Hahnemann also observed that they accompanied some physiological process, or were in some way connected with the functions of the organism. Was it possible that disease was perverted function and, too, that function governing the life processes was deranged? Again he saw, under the action of the homœopathic remedy (curative action) disease disappear suddenly by the use of the higher potencies, often changing its expression, a sort of retro-metamorphosis, or a receding of disease in the reverse order that it came, going back through all the changes and processes that it came up through, finally disappearing altogether, leaving no trace of its prior existence. These thoughts came to him, when did it begin? what was the source of its existence? It must be that some latent, inherent, internal, pre-existing cause, having its habitat in the organism, yet not connected in a material way with that organism, but, with that dynamis, the life force itself, becoming a part of it or co-existent with it, and having a similar dynamis,

which arose and fell as it was disturbed by other causes from without, known in our nomenclature as secondary, or exciting, causes. Thus he noticed that the skin never produced an eruption upon itself (outside of traumatic or chemical causes); never assuming a morbid state unless obliged to do so by some previous perverted change or abnormal activity in the organism itself. Again the eruptive disease would, as a rule, cause the disappearance of the whole of the original trouble. Not only was this true of an eruptive disease, but it was equally true of all the eliminative processes of all organs of the body. This was equally true when diseased processes were suppressed. For a time the disease forces assumed a latent condition, but sooner or later new diseased processes set up that were deeper and profounder in their ultimate actions, assuming often malignant states or acute processes, dangerous to life. It, therefore, could not be possible that external causes, alone, did lie at the bottom of all this. In suppressions, whether by local means or by the use of strong drugs internally, secondary manifestations of these *chronic affections* appeared sooner or later. He further noticed that when the organism, either by its own action or by the use of some powerful remedial agent (such as sulphur) threw an eruption upon the skin, that the original disturbance disappeared or became quiescent so long as the secondary process (eruption) was left undisturbed. Hahnemann further noticed that the use of crude drugs not only produced dangerous medicinal ef-

fects, but that they greatly embarrassed the life forces, complicated the diseased processes and undermined the whole organism in all directions. Especially was this true when there was present a marked psoric or miasmatic state, which proved to him that some one specific cause (outside of venereal diseases) lay at the bottom of all chronic, as well as acute, expressions of disease; and this unknown, devitalizing principle he named PSORA.

Hahnemann began to trace the history of this miasm, psora (*Greek which means to itch*), and found it to be of ancient origin, its history running back through the history of all nations, even to the most ancient oriental.

Hahnemann in a footnote (page 25, vol. I, Chronic Diseases, old edition) refers us to the third book of Moses (Leviticus), where the priest differentiates the eruption in its earliest stages from the plague of leprosy. It is evident, however, that the name psora has been given to various, if not numerous, eruptive diseases appearing in the human family in all the nations of the earth. Today we understand psora to be a basic miasm, not confined to any special form of eruption upon the skin of the individual, but that it is the parent of a multitude of functional and pathological changes that take place in the human organism. True it frequently presents itself in some form of an eruptive disease, and, undoubtedly, it originally began as a vesicular eruption accompanied with an itching or itchy sensation, a *pruritus* being, probably not only a primary factor in the acute form of the miasm, but a

persistent, if not a constant, symptom throughout the whole history of its existence. No other symptom is so pathognomonic of psora as a *pruritus*. In syphilis and sycosis it is absent, and when we find it present in these miasms we can assure ourselves that they are closely intermarried with the psoric miasm.

The pure life of the Israelites up to near the time of Christ left them comparatively free from the severe internal inroads of this miasm. Their simple lives, good habits, freedom from over-indulgence in wines or spirituous liquors, meats, rich foods, etc., kept the disease largely confined to the surface of the body. The physical training and physical culture of the early Greeks also greatly mitigated its action. Not until men began to locate or congregate in cities, and their habits began to be corrupt do we see it breaking forth in its true vigor and virulency. Outside of a study of the disease in Europe, Hahnemann could say but little of its ravages in the earlier periods of the human race. There is no doubt, however, that its action became greatly intensified, and the diseases that it brought forth became more numerous and more complex as the orthodox schools became more acquainted with chemical therapeutics and the minerals came more commonly into use, especially those of arsenic, quinine and the mercuries. In the use of mineral medicines and local medicants, suppressions became of more frequent occurrence, and soon new and more malignant manifestations presented themselves, in the

form of severe epidemics that broke out during and before Hahnemann's time. Today these suppressive methods still flourish. Though not confined to the same methods, yet many of them are still in vogue, and new ones added, such as the extensive use of electricity—the X-ray being the most modern, and probably the most positive—means of suppressing the deeper and more profound pathological expressions of these chronic miasms. Even such malignancies as cancer, lupus, tumors, enlarged glands, even psoriasis, eczema and other eruptive diseases have been suppressed by the persistent use of this most powerful of the yet known forces ever discovered by man, and to have been palmed off for genuine removals of the cause, and bona fide cures. Of the other modern methods used to suppress these chronic miasms and which might be mentioned, are mineral baths of all kinds, medicated douches, actual cautery, surgical operations, especially the removal of organs, curettements, etc.

Hahnemann mentions the excessive indulgence in such drinks as coffee, tea, also the use of tobacco, which is more or less drugged with arsenic, strychnine, opium, tonka beans, and other nostrums, besides the general use of spirituous liquors, stimulating and highly seasoned foods, as having a very marked effect in stirring up these latent miasms and rendering their actions more complex and difficult to cure.

As has been already mentioned, psora originally came as a form of itch of a contagious nature, of so contagious

a nature that a shake of the hand or even a touch of the garments of the affected one would carry the disease to another. This can not be said of the other chronic miasms, syphilis and sycosis. That psora first made its appearance as a pruritis of some form, followed by a fine vesicular eruption, is no doubt true, as has been the testimony of Hahnemann, as well as that of many of his followers. It could not appear primarily in any form of eruption in such diseases as eczema, psoriasis, etc., as they are all secondary processes of psora or some other miasm (psoriasis being of a gouty or sycotic origin). It was only through the unscientific and suppressive methods of treatment that psora has assumed such diversity of character, and, as a natural consequence, through the natural law of progression, its future manifestations would be greatly magnified in their distinctive action, until structural changes in the organism took place. These outward expressions of the latent power of psora could not forever contend against or contest the epidemic field with the therapist who saw nothing in disease but the local expression, therefore attacked it with such powerful local measures as the ancient, as well as the modern, orthodox healers of the sick were wont to use. Frequently psora took in its flag, and then a contest took place within the inner tabernacles of the organism itself, and was continued until the life forces were baffled and had to give up the fight by a rendering up of the life to their prolonged influences; and all, too, because the ig-

ignorant therapeutist misguided the life forces that, under favorable circumstances, would have kept their enemy *psora* upon the surface of the organism, or upon the skin. When a suppression took place in an organism where two or more miasms were present, all the conditions above mentioned were magnified and intensified, as is frequently seen when *psora* and syphilis are perfectly combined by hereditary transmission. I say "perfectly combined," for there can be no other such perfection of bond of the miasms with the life forces as is produced through heredity. The tubercular diathesis is the result of such a union, which is one of the profoundest in its depth of action of any diseased state or condition that can be named. So we see that pseudo-*psora* is worse than *psora* by itself, and the same thing may be said when *psora* and sycosis are combined, but they do not compare in their destructive action as when the tubercular element is present. Specific and malignant, acute, febrile or inflammatory states, as pneumonia, diphtheria, malignant, syphilis, erysipelas phlegmonous; inflammation of the brain, heart, kidney, or destructive appendicitis, as a rule, always have the two miasms present. I always look out for them in every case of the above-mentioned diseases.

Again, when we meet stubborn and determined pathological states or diseased conditions of an apparently simple nature, such as pain, neuralgia, headaches, epistaxis, nausea, vomiting, rheumatism, piles, ulcers, boils, or any simple localized condition not easily amenable to

treatment, we may expect two or more miasms present. I would like to illustrate this fact more clearly by a simple case of rectal trouble Mrs. M., æt. 24, dark complexion; small in stature, mother of one child and one of a family of twelve children, all of which are dead except two (herself and a sister) from tubercular diseases. I was called to treat her for a rectal trouble, a fissure in the rectum extending to the edge of anus. So severe was her suffering that I was compelled to operate or lose the case, as she had no faith in homœopathy. I did so, but on the sixth day a little tit-like process came down close by where the fissure opened externally. New symptoms developed quite generally, which were as follows: Hot, burning hands and feet, wants window open, wants fresh air, can't bear any covering over her, although quite often she will have hot waterbags about her; weak, hungry icelings between meals; all her symptoms worse in the evening; tosses about the bed all night and can not sleep as she is too warm, then falls asleep near morning and rests well most of the forenoon. She is cross, irritable, scolds and finds fault. Skin dry, harsh, red, itching, pimples on different parts of the body. Sulphur 50m was given, and within forty-eight hours all the above grouping of symptoms began to disappear, and in their place came a profuse greenish yellow leucorrhœa, excoriating and acrid in its nature, biting and burning the pudendum. The rectum began to heal rapidly and was soon well, after which the leucorrhœa disappeared. While I was treat-

ing this case her husband was taken down with acute rheumatism which followed a severe wetting he had received, having been exposed to a drenching rain for several hours. This, of course, only strengthened my diagnosis of acquired gonorrhoeal sycosis by her husband and that my patient had also contracted the disease from him and later on suppressed the disease, thus the rectal trouble as a result. This case was cured with sulphur c. m., although the operative procedure was condemned as a wrong thing to do.

We must always be on the lookout for the basic miasm in these cases that is so unwilling to yield to treatment. Nature always sets up, if possible, peripheral inhibitory points of disease, pathological often, but sometimes functional, and if they are interfered with locally, whether operative or not, the life force, according to the law of progression and through the law of reaction, sets up another inhibitory center of reaction, within the organism and nearer the deeper centers of life. A peripheral inhibition can no longer eliminate the effects of the degenerative process in the life forces set up by the more profound hold the miasm has taken on the organism. Then, again, the vitalism of the organism is often so lowered that it has not that reactive power or resistive force to set up another peripheral inhibition; therefore it yields readily to the new order of things, and at once accommodates itself to the new order of change, for the new condition was induced by new modes of action or of motion, and the

stress of the miasmatic force was centered upon new areas of the organism, and the perverted physiological processes became more complex in their derangements or functions, and the retrograde metamorphosis more difficult to analyze, until the therapist and the pathologist are so lost in a maze or tangle of symptomatology that they can not systematically arrange or classify. It is in this way that cachexias come, through a prolonged intoxication of the whole system, even to the remotest cell and fibre of our being, due to a damming up in the organism, of some active miasms that ought to be eliminating these toxics from the body, through some eliminative process peculiar to itself, and which, if not remedied, will continue into a chronic form until every feature and outline of our being expresses malignant manifestations of their presence, until the whole house in which we live, becomes an uninhabitable place for the in-dwelling of the life.

So universal is the action of psora and so generally does it affect all organized life, that there is scarcely any creature that exists unaffected by it or which does not show some sign or manifestation of its destructive processes. This is true of the lower forms of life; even vegetable life is not free from it; for in the deformed, decaying and dying leaf, we see it. Yea, psora is the primary manifestation of primeval sin, of the primary curse, the prophetic fulfillment of, "thou shalt surely die." In order to understand these things, we must understand some of those fundamental principles governing homœ-

opathy—the dynamic origin of disease, the dynamitization of the drug or remedy, and the application of similia. It was the application of similia that led Hahnemann to see the miasmatic cause of disease; he saw that it was a contest between the dynamics of the drug and the dynamics of life, a battle waged by dynamitized, subversive influence upon the living organism which was a constant thing, an unceasing thing, because it resided ever in the organism and was in bond with the life; and although the life forces might at times apparently free themselves from that influence, it invariably returned, often changed in its expressions of action and its character, but invariably it was the same old psora, though in a new garment or in a new disguise. How generally we see the landmarks of one of these chronic miasms stamped upon the organism. We see it in every feature and every physiological process; in the shape and contour of the body, upon visual expression, the face, nose, lips, ears, mouth, upon the hair, its growth, luster and general beauty or lack of it. We see it upon the skin in its color or shadings, its local temperature, yes, we can tell the miasm often by a touch, by that response in our very inner being, the mental, the moral, even the spiritual, give us responses of its presence and of its influence.

For thousands of years psora has disfigured and tortured mankind. The business of the miasms is to kill, to destroy, to tear down, to murder life through their multiplied processes. They kill by sepsis, by devitalizing the

blood, by anemic states, so reducing the red blood corpuscles that there is no means left whereby the organism can be fed. Not alone are these patients deprived of food, but of that life-giving and sustaining principle, oxygen. If they build, they build false structures, such as tumors, nodes, enlarged glands, fibrous growths, cancers, etc. These we call abnormal growths or pathological states, which simply means another way of life. These false or abnormal growths are constructed out of false material, because all the processes of life are false or perverted, so that a physiological truth becomes a physiological lie, or a death-dealing element working, or attempting to work, with a life-giving principle.

The action of the miasms is to make gaps and breaches in nature that the debilitated life forces can not repair. They deform the body, dull the intellect and destroy reason. They destroy men's wills, hope, courage, and drive the sunshine out of life, bringing all under shadow, making him down-hearted, low spirited, hypochondriacal, even to suicide. They are co-workers with sin and with death. They smile when men go mad, and laugh when he agonizes. Their instruments of torture are pain, neuralgia, rheumatism. They hate life and health and strength, and glory in death, in weakness and in feebleness. Their febrile fires burn, scorch, dry up the tissues to a crisp, and exhaust us even to death. The ever-vigilant life forces are forever contending with them. When their presence is felt in the organism every process, every organ is up in

arms, every reserve is brought into action, and every nerve impulse into play, to oppose their inroads and to arrest their progress; secretion, excretion, even the whole circulatory system becomes exaggerated and intensified to accommodate itself to the new order of things. The miasms are like enemies entrenched. They attack us at all our weak points, recede and advance, advance and recede. They never seem to tire or grow less. When we are asleep they break in upon us, when we become tired or exhausted they come upon us unawares and take us by surprise. So, like sentinels, we must be ever on our guard, we must be ever watchful, ever ready to oppose their advances; to understand their tactics, both when they are active and when they are passive, when they give forth their acute, chronic or latent expressions.

To the follower of Hahemann the word *Psora* conveys a most important meaning. It means that disease is more than it seems to be on the surface. It means that no external expression can exist (that is outside of some mechanical or chemical cause) but that has the pre-existing internal dynamis, and however slight and trifling the external latent expression may appear, nevertheless the internal psora affects the whole organism, and any part or portion of the organism may sooner or later manifest it upon its surface. Often the psoric fire may be so latent and so inactive that one may deem himself healthy, or, others may think that he is healthy until he receives some injury, or until something unusual happens. Joy,

grief, fear, overwork or some trifling cause arouses the sleeping monster, and the patient, to his astonishment, finds himself ill. True, we may live a comparatively healthy normal life for an indefinite period, especially if we are endowed with a strong, robust constitution, a cheerful disposition and a contented mind; but over-fatigue, either mental or physical, or some trifling irregularity of life may develop some acute disease, which means that the miasm is aroused from its slumber. A slight mental shock, a fall, a slight injury, a broken bone, an injury to a ligament or muscle may become the disturbing element that develops the sleeping miasm and brings it into action. The nature of the disturbance may be varied, often depending on the original constitution or previous life of the patient, his character, vocation, education, temperament, predisposition, latitude, altitude, season of the year, circumstances of life, and many other conditions that might be mentioned. These are only a few of the causes to be considered that may arouse the internal miasm. Often a simple error in diet, an excess in eating or drinking, a cold drink, a hot bath, a mineral bath, over heat of the sun, wetting the body or the feet, a too long walk, carrying a heavy burden, an undue excitement or overjoy, continued grief, disappointment, failures in business or in life generally, may be the starting-point whereby psora is aroused from its slumber, when, without mercy, it assails the whole or a part of the organism,

and nothing can save it but the removal or cure of the psora.

When psora develops some local disease or, perhaps, some positive local symptom that relieves the internal stress of the disease, then the old phenomena of the internal disease or psora is hushed, or, for the time, is calmed down or is quiescent as long as the local trouble upon the skin is not interfered with locally by the attending physician. The local manifestation assists the physician very much in his cure of the psoric state, for if similia is applied the external disease will disappear in proportion to the annihilation of the internal psora. This is the most simple method of procedure in the cure of psora. Of course, it is impossible to get such splendid results when cases are mismanaged, as a perfect similia may not present itself again for a long period of time, owing probably, to a misdirected, if not suppressed condition. Hahnemann says that the sensitive and irritable fibre is so disturbed by massive doses of medicine, frequently repeated by the allopathic physician, that the vital principle soon modifies the action of the organism so that, for a time at least, it is protected, or, in a manner, shielded from their assaults. But it will soon be seen that this irritability and sensitivity is soon diminished. This condition of things may be carried even to the mental, as is frequently seen in hospitals for the insane, from the over-use of nerve sedatives, such as the bromides, opium, and the coal tar preparations now in common use. These

conditions are the ones of which Hahnemann speaks as being incurable, or the most difficult of all to reach by the aid of the homœopathic remedy. Generally, however, those dealing in this kind of treatment usually attribute the cause to the malignant working of the primary disease. These cases are the ones in which the homœopathic physician does not consider well the extent of the wreckage or the length to which the destructive processes have been carried before promising a cure in a stated period of time. Often the patient, for a time, sinks down under the sudden removal of strong tonics or stimulants given by the opposite school, and their effects have to be counteracted before the similia for the original disease can be selected. The healer now has not simple psora to deal with, as in the first place, but a drug miasm, if I may be allowed to use the term, plus a disease miasm or psora. Sometimes, in cases of recent drugging, this can be accomplished by simply giving no medicine, making a careful arrangement of the diet and the hygienic condition of the patient, and then the life force will of itself throw off the bad effects of the crude drug, and the primary disease presents itself in a clear and concise manner.

From what has already been said, the true physician should not base his prescription on pathological names which he finds so clearly set forth in the numerous works on pathology, but should go deeper down into his cases and gather together the bedrock symptoms of psora or of the present acting miasm, and around this diseased grouping

arrest and the disease process at its, and in its, dynamic origin; and, further, when he has found the similia he should guard against interfering with its action in any way, such as prescribing for some simple intercurrent disease, as headache, cough, diarrhœa, offensive perspiration, leucorrhœa or any new development, unless dangerous to life; for we can have but a very faint conception of the manner in which the life force may eliminate the original disease upon which our prescription is based. In the majority of cases the new developments, or new symptoms, have appeared some time before in the history of the case, that were probably suppressed, therefore, their reappearance is only a necessary step in the progress of the recovery of the case. In sycosis such symptoms may arise as irritability of the bladder, frequent, and often painful urination, the same being often of a strongly ammoniacal odor or highly loaded with urates.

In my earlier experiences with homœopathy I would frequently give an intercurrent remedy, and, as a rule, the true similimum would never present itself again, and what should have been a success was turned into a failure. We can not emphasize this truth too much, as it means failure every time we yield to the wishes of the patient. The very fact that the first well chosen remedy called out the new symptoms or new phenomena was sufficient proof that the remedy had laid hold of the existing miasm at its innermost center of existence. Hence, the first remedy should not be disturbed in its action, not until it has

ceased to work completely, and further progress can be discerned in any direction recognizable either to the patient or physician. Many of these troublesome symptoms, says Hahnemann, disappear of themselves, and in the natural order in which they came; but if they are persistent and a constant annoyance, they are to be taken into consideration and a new prescription made, as the original prescription has not been well chosen. Often, however, the giving of a higher potency will do the necessary work without a change of remedy.

There are three errors, says Hahnemann, that we are all liable to make: "1st, the selection of the improper remedy; 2d, the improper potency; and, 3d, not letting the remedy act a sufficient length of time." The trouble with most of us is we do not study the Organon sufficiently to become well enough acquainted with the principles and laws governing the action of disease or of drugs. For that matter, we are too apt to center all our efforts upon the study of our remedies and their provings, and thus neglect the other vital part, the knowledge of the way to use them, which comprises, among other principles, the third law of motion brought forth by Newton, "*that action and reaction are equal, but opposite.*" In the study of optics we see a similar law revealed, and that is "the angle of incidence is equal to the angle of refraction." If you deflect the life forces in any way, whether in disease or health, the law of reaction, or the law of deflection, will surely assert itself sooner or later in the history

of that life, and the results are, new and more profound expressions of disease or disease processes. If, after giving a deep-acting antipsoric, a diarrhoea or some acute process is set up and we arrest it, either by antipathic or homœopathic means, especially if the remedy selected does not cover the totality of the symptoms, but is directed to the one symptom of which you wish to dispose, the result is: the curative action of the antipsoric is, as a rule, at once arrested. Again, if the latent symptoms of psora, upon which the antipsoric remedy is based, should develop more prominently or of a more intense nature we need not feel alarmed, for more often than not, they soon subside, and the undue disturbance is often an assurance of a cure rather than of a discouragement. When psora, or any of the miasms for that matter, have existed in an organism for years, and during that time have manifested themselves in both latent and acute manifestations of a various nature, and we come to treat them homœopathically with the antipsoric remedy we may, through the workings of its curative action, have in some order or degree, a part, if not all, of these manifestations again presented. This is one of the strong reasons why we should not interfere with the action of the well selected anti-miasmatic remedy, as it has so much to do in evolving and working out these different series or expressions of the miasm's own workings. This is especially true when the highest potencies are used. No one can conceive of the hidden secrets and infinite depth of action of similia,

which reaches from profundity to profundity in the different potentials now in use today.

"The fundamental rule," says Hahnemann, *"in treating chronic diseases is this: to let the carefully selected homoeopathic antipsoric remedy act as long as it is capable of exercising a curative influence, and there is a visible improvement going on in the system."* This is the secret of success: to be able to watch with patience the wonderful workings of the well selected remedy upon the natural disease and the artificial disease disappears with the curing of the natural disease.

There is scarcely a day passes that we do not see some new manifestation of psora. It presents itself in a diversity of forms and characters.

There are certain conditions or states of the organism due wholly to the action of the miasms and recognized in our works on pathology under special names, as cachexia, dyscrasia diathesis, scrofula, struma, idiosyncrasy, predisposition, hereditary predisposition and hereditary states, all of which are due, directly or indirectly, to the workings of, or they are expressions of, miasmatic action. When we speak of cachexia we mean a depraved condition of the whole system, we mean blood changes often due to toxic causes, whether they be due to drugs such as arsenic, quinine, plumbum, mercury or to animal poisons, vaccination, or to malarial poisons: diseased states as smallpox, diphtheria, syphilis, typhoid fever, etc., it is an advanced chronic, active miasmatic state, often a disin-

tegrative process taking place usually in the fluids of the body, especially in the blood, an involvement of every cell and fibre, a dissolution of chemical constituents and biological elements, a stasis often in the elimination of waste products from the organism. Cachexias may be acute, subacute or chronic. Sometimes they depend on a single miasm, and again all the chronic miasms may be present. If sycosis or syphilis is specifically combined with psora the cachexia usually assumes semi-malignant, if not malignant forms, even to the destruction of life, ending in toxic states, specific anemias or general exhaustion and collapse. To cure a cachexia, we must select our remedies with care, basing our prescriptions upon the true symptomatology of the active miasm, when often the most discouraging and complex conditions disappear.

In our study of miasmatics, we are brought into a closer relation with the nature and cause of the disease, than we can possibly be drawn through the study of disease, under any other system yet conceived or taught in our schools and colleges. Indeed diseases become no longer a mystery, but a clear problem, which is to be solved by a careful study of the phenomena that each case presents, each case being a distinct and separate study in itself. Our cures are not made through the application of our therapeutics to a nomenclature, but to a classical grouping of all the phenomena therein presented and that which we see often, is invisible to the physician who has no knowledge of miasmatics, but these things

are made clear to those who have investigated carefully Hahnemann's anti-miasmatic theory of disease, which reveals its true nature and origin; for, lying behind his theory, we see *sin to be the parent of all the chronic miasms, therefore the parent of disease*. It never was intended, nor can it be possible, that disease could have any other origin. Man was the disobedient one, and through his disobedience came disease. "The wages of sin is death." Nature may, in some ways, assist in bringing about disease in man, but nature did not become his enemy until after his fall. Yea, even all nature, too, is perverted, for all has come under the curse of man's fall. Therefore, why should we blame the climate or the elements or bacteria or micro-organisms, when the Creator tells us plainly that sin is behind all the ills to which man is heir?

Thus it is "and even as they did not like to take God in *their* knowledge, God gave them over to a reprobate mind," or a mind "void of judgment," as the new version gives it; his mind is "void of judgment," Rom. 1:28. He wanders about the earth looking for the truth and can not find it. By not believing His word, he leaves out his Creator, Who is the Source of all true knowledge. So, it is no wonder that man is ever bringing forth new cause for disease, and ever changing his etiology and his therapeutics. As disease is the result of sin, so are micro-organisms, and all physical expressions of disease, whether they be physiological, pathological or micrologi-

cal This leaving God out of his knowledge can be seen in his theory of creation, of evolution, whether it be of living organisms or the formation of the earth and the planetary systems, he will have it *his* way and not the *Creator's* way. Thus is he given over to a mind "void of judgment." It is the natural course of things, for in his studies of life or of creation he has made God's word a lie, and he assumes to know and teach the truth; but how can he with a mind "void of judgment?" Hahnemann saw this great truth in his day, as his mind was illuminated by the light of his new discoveries, or the light of law. It is only through a law or by a principle that we can see the Creator's plans and work out His hidden mysteries

The antipathic schools today can no longer be said to be governed by this old formula, *contraria contrarius*, as it no longer expresses the exclusive character of these schools, since they have thrown out physiology and the vital idea of a life force and adopted the physio-chemical methods now in vogue. This makes the practitioner a physio-chemical physician, who bears all relationship to chemistry and none to dynamics. Disease, according to this latter theory, becomes often a chemical accident—a dietetic error, there is no primary vital principle, no separate and supreme cause of life. They would have us believe the physical, mental and moral expressions of life are dependent upon chemistry; function of organ, muscular contraction, idea, thought, loss or repair of tissue,

physiological growth and pathological change—yea, the whole superstructure, etiology, pathology, physiology, therapeutics, all must conform to this far-reaching chemical formula converting every organism into a laboratory for chemical purposes and for chemical debauch.

In the study of *psora* we must look at it, not from the chemical side, but from the potential side; for it is a potential, and a potential that bonds itself with that great potential, the life force, that vital energy which not only vivifies the whole organism, every cell, every fibre of our being, but sustains and controls all cell life and every physiological expression of life. *Psora* is that potential when it becomes well bonded with the life force; this same life force has no power, within itself, to disengage itself from that bond. It is a potential, bonded and co-operative with a potential, which through its co-operation with this life force, together with other miasms, causes all physiological deflection, functional disturbances and physiological change, always in the beginning functional, and later structural or pathological.

As we become more familiar with these subversive forces in their action upon the life force, or as we see their character expressed upon the normal vitality and function of the organism, how much more easy is it for us to follow their tracings or prophesy their probable developments in any given case. If we become acquainted with the character of *psora*, whether expending its force upon the organism, simply, alone or in combination with some

other miasm, we are more able to give a prognosis as to the probable outcome in a given case of disease, *for the character of the miasm gives us the character of the affection or the disease formula* If in some severe acute trouble, as gonorrhœal arthritis, we first look for sycosis, suppressed by douches or injections of some drug, or drugs, capable of producing such results; then back of that we look for a deep psoric or tubercular taint. Why? Because we know we cannot have this particular form of arthritis without gonorrhœa, and further we can not have it without a suppression The character or the expression gives us its history, and its history gives us its character. It can be nothing else In this kind of a case how foolish it would be for us to prognose a speedy cure knowing the nature of the acute miasm and with a history of chronic psora, born into the world with hereditary changes whose physiological and histiological elements are a false expression of true biologics, whose whole physical, mental, moral and spiritual nature is a deflection of the truth It is here we must test our knowledge of miasmatic action, and we must not limit it to our knowledge of the primary action of sycosis, but it must extend into the secondary and tertiary history of that disease We see disease here to be the expression of these great potentials (psora, sycosis, syphilis); the life force in the grasp of two other potentials, sycosis and psora, each a powerful subversive force striving with all their power to destroy the life But he who has become

acquainted with the higher homœopathies of Hahnemann, which comprises not only these disease potentials but the drug action, he has familiarized himself with the higher, and even the highest, potentials now at his command, whereby he can combat these fearful miasmatic combinations through law, *even the law of similia*

The absolute in disease, then, we see to be miasmatic action. There is no other cause behind it, save a broken law (*the Decalogue*), which was given that we might follow its teachings and have life, even life in the larger sense. As we study these miasms, we see they express themselves in these degrees of action, acute, chronic, and latent; this fact we all recognize in their secondary or tertiary expression, or that which comes under what is known as pathology, for all pathology originates from the secondary and tertiary manifestations of the miasms. *Primary action has no pathology, it is functional*. It is only reaction that gives expression, physical form or genesis of any kind. What we are in the habit of calling primary is really secondary. A miasm is only made visible in proportion as we have these stages and degrees of action presented in the organism. I have heretofore called them modes of motion.

The bond of the subversive force with the life force we saw was an invisible thing to be recognized only in its workings with the life force, or in the new and strange phenomena it presents as it hinders life action. The nature and character of the disease depends wholly on the

form of the miasm and the character of the bond with the life; therefore, the study of disease becomes a study into the nature of the miasm present in the organism and the degree of its activity.

When a miasm enters the organism it immediately bonds itself with the life force, and the life force immediately takes on its subversive nature, and its actions from henceforth are in accordance with its nature. If it be syphilis the phenomena of that disease are at once presented in the usual order of their appearance in cycles of action, or stages, as seen in its primary, secondary and tertiary manifestations. We see the new perversion gathering strength and power at each new setting of the disease, until the whole organism is involved, becoming subservient to the potentiality of its power as it becomes bonded with the life force, until every expression of life, physical, mental, moral, even spiritual, begins to show false processes and alterations from the true standard of life or health, which means whole or holey. Thus its wholeness or *holeyness* is interfered with from the moment it bonded itself, or intermarried, with the miasm syphilis.

From this we can readily see where cometh our subversion in idiosyncrasy, dyscrasia, predisposition, and even certain forms of temperament. They are all climaxes of perversion or change, and stand forth as the finished work within the organism of the action of chronic miasm.

THE MENTAL SPHERE.

Frequently we hear the remark among physicians "I have better success, or have greater success, when I base my prescription upon the mental symptoms." Thus you see any expression of life may be affected by the action of these miasms, and the nature of the mental perversion, if carefully studied and compared, can be traced to the prevailing active one. If the syphilitic miasm is present the symptomatology will revolve about some anti-syphilitic grouping, such as syphilinum, mercury, nitric acid, kali iod, etc.; and if of a sycotic or psoric nature we will undoubtedly find the mental grouping in such remedies whose provings meet the sycotic or psoric taint. It is an immutable law of physiologics; it is also a therapeutic law that governs any toxic element. The majority of us can see this fact to be a truth of great value when we study the action of the miasms upon the mental sphere in their acute stages, when all the phenomena are clear and positive, in fact they stand out so prominently that even the lay mind might, with little difficulty, diagnose the condition present. But it is when they present themselves in their chronic and latent forms that the difficulty arises; when we can see but faint tracings of their presence, faint outlines in the shape of single isolated symptoms, when the groupings are imperfect and the local or physical signs are absent, or nearly so, or when we have mental phenomena due to a mixed miasm, or in fact all the chronic

miasms and, perhaps, added some mental worry of long standing, some distress of mind which magnifies the prevailing condition and confuses the mind as we attempt to analyze the mixed phenomena. It is then that we feel our great weakness in our knowledge of miasmatic action, we fail to select the true basic remedy, because we first fail to understand the miasmatic phenomena, and the relation they bear to each other, and also, to the life force. If the miasmatic grouping is located about some one organ, as the liver, heart or lungs, the task, usually, is a simple one, first, because the functions of those organs are limited, simple, and their expressions physical, and, secondly, because the patient recognizes the physical pain, perhaps, or tenderness, soreness, pressure and such phenomena. Then we can oscutate, palpate and in many other ways secure the symptoms that are necessary in our pathological or therapeutic groupings. This, however, is not always the case when mental phenomena are to be studied, as in the brain, where more than one organ or the faculties may be, and is apt to be, disturbed, for then we come to a complex organ, that not only gives forth physical expressions, but mental, and when we come to the mental we are mystified to some degree, for we do not clearly see the relation between the mental and the physical. In the morbid phenomena seen in the heart, lungs or liver we seem to understand, for we are more familiar with their offices and their functions. We know their anatomy and their functions, but those strange

and multiple expressions emanating from the brain confuse us. We see in the other groupings the relations between the secretion of bile, of blood, or of air, the relation between the bile and the processes of digestion, the relation between the air of the lungs and the blood or the circulation as a whole, but we can not understand in like manner the organs which secrete (if I may be allowed to use the term) thought, or all the mental phenomena of that life, whether they be normal or abnormal, whether they be from a conscious or an unconscious mind. I say it is here that we must become familiar with the action of the chronic miasms upon the mental sphere if we hope for success in curing our patients, or ridding their systems of those miasms.

In sycois the mental symptoms that make their appearance, such as the anxiety, the consciousness, the fear, the patient is constantly examining the organs, looking for signs of the disease. In psora the mental symptoms develop after a long illness or at the close of severe acute expressions of that miasm, as in typhoid fever, etc. This is also true of syphilis, the mental phenomena appearing, usually, at the beginning or during some period of the secondary stage. Often in syphilis or sycois they are due to lesions such as congestion of the meninges. Many of us have seen the symptoms of failure of the memory following the suppression of a gonorrhoeal discharge, which increased as the basilar meninges became more and more congested, until the symptoms of mania or true insanity

were fully developed. Often, however, years are consumed in this slow process, the memory failing by degrees, this condition first showing itself in the failure to remember recent events, the things of the present, while events long past are vividly recalled. This can readily be seen under the proving of *medorrhinum*.

I recite these facts to show to you the importance of the mental phenomena in disease. It is through the mind that man sins, therefore it is frequently through it that he becomes diseased. This is true in most cases of the diseases emanating from lust. *He thinks, he wills, he acts*, and out of that triune cometh the visible physical manifestations of the venereal disease. The mind is the vice-regent of the body, the government, the ruling power. The body is subject to it in many ways, therefore subservient to it, but if, with the mind, we violate a law or a principle of life, the body can not shield it, for it, too, is under the same law, therefore we see it witness against itself. A syphilitic eruption is not only witness against the body that it has sinned, but a witness against the mind and against the spirit of that human being. "That which is born in darkness must be revealed in light." We can hide nothing from law, *for law is a revelation*. A broken precept crieth out throughout eternity until it is made right. Oh! would that men whose business it is to deal with and study human life continually could but see these things in their *true* light, especially the physical law. We must ever remember that all things are under law.

There is not a thing in existence but is governed by law. It could not be in existence a moment without it. Law is the very existence of things. Therefore, in our dealings with life, let us ever keep this thought before us, that all normal life is governed by law and is in harmony with it, but that all sickness is a perversion of law, or, the symptomatology of all disease is the symptomatology of broken law. The vibrations of the life forces in true biological action are numbered and fixed, as capable of measurement as are the vibrations produced in a perfect note or tune, but the vibrations in a sick man are changed, as is seen in perverted physiological action; they have no perfect rhythm; the notes, even the whole scale of movement, are interfered with, and the action of the sickness depends upon the perverted vibratory changes. Thus it is in the case of the remedies we use, each has its own peculiar mode of motion, of action, of vibration. No two are alike, and when their modes of motion, of action, rhythm and character are concomitants of each other we call that *similia*, and the result of their action is a cure; then law is again restored and harmony is again established in that perverted life force. We see that grace came to our aid through another law, even a law of life, known as the law of *similia*. In our study of these laws governing the philosophy of function of the body, we must not lose sight of the fact that these same laws govern, to a great degree, the mental sphere also. Therefore our study of these laws must not cease with the physical.

Indeed, as we study these physiological laws, we enter into a closer relation with the life and all its purposes. As we study the faculties of the brain and become familiar with their office we enter into a closer relationship with their mental phenomena. When a patient enters our office and we see fear, caution, combativeness or any of the leading faculties very prominent, we can assure ourselves that much of the mental phenomena will evolve about these centers. This we often see to be specified as fear of death, of being incurable, of falling, as seen under the remedy borax, fear of dogs, as under lyssin; fear of darkness, night, a storm, etc (phos.) We can well say with Nicodemus of old "how can these things be?" There is no pathology behind them, no disease process that he can detect, and yet there exists in that brain a morbid phenomenon that is as persistent as any pathological state. Speaking of a similar phenomenon in a patient, said a prominent old school physician to me, "there is something behind that grouping of symptoms that I do not understand, it is there, nevertheless. Your miasmatic theory is true, but I am not well enough acquainted with it to make the analysis." When I showed him that sycosis of a tertiary nature lay beneath that mental grouping, he was greatly surprised and at once readily called to memory its history of suppression and the sudden rise of the mental symptoms. Of course, all the miasms are capable of producing mental symptoms, and many of them are due to a combination of miasms. A mental miasmatic symp-

tom is like a miasmatic symptom anywhere in the organism. It is often known by its persistency, by its positiveness and by its constancy. Quite often mental symptoms rise and fall with the general state of the health or through the influence of the moon, or other planetary changes, by atmospheric or barometric risings and fallings. Why? Because the centers that govern these things are not acting normally, the powers that control are out of tune; thus the discord, and that discord being within ourselves, causes our disharmony with all nature. We have lost our dominion over all the earth and earthly creations, we are subservient even to the elements, and the mental sphere bears no exception to this rule. Our calmness, our self-government, too, is often disturbed by the action of the miasm upon these centers of the brain. The mind, or the mental, works through the physical; thus, when the physical is out of tune, the mental is often disturbed. This may take place directly in the brain itself, or indirectly from a disturbance, remote from the brain, as is seen in reflexes, known as reflex disturbances. Now as the mental, to a great degree, rules over the body, so can we lay great prominence upon a mental miasmatic symptom. This is the reason Hahnemann gave them such great value, as they were primary or basic, and when a remedy was carefully selected, basing it upon the mental phenomena, the cures were prompt and quite often permanent.

THE MIASMS AND THEIR RELATION TO PATHOLOGY.

We all recognize that there are two distinct schools of homœopathy, yet very few of us are willing to admit the fact, most of us being desirous that the name *homœopathy* should cover every phase of that school and every conception of the different teachings in vogue to-day. But this can not be so, for, if there are two distinct schools, there must necessarily be two distinct doctrines or teachings. These are sometimes designated as the false and the true, the pathological and the symptomatological, the materialistic and the non-materialistic, the chemical and the dynamic, the scientific and the non-scientific, the high potency and the low potency. Other terms are some times used, as the "pure," the "straight," the mixed, the Eclectic, the school of Hughes, the Hahnemannian school, etc.

The fact of the matter is this, when Hahnemann promulgated the science of homœopathy and made it public to the world it was then a very complete science, and, although he had not brought out all the minor details as clearly as we see them today, it was nevertheless a comparatively perfect science, for he had formulated it all under law, and that law stands today the same—just as sound and as scientific as any law ever discovered by man. Now, a law can not be set aside, can not be compromised

with; it can not be tampered with without spoiling the whole science. This is just what a part of our school has done, or has tried to do. They have attempted to conform this wonderful law, or set of laws (for there is more than one physical law involved in the science of homœopathy, as we will see further on, but all co-operate in one law, even the law of similia) to their own meaning and to their own way of thinking. Hahnemann teaches that the remedy given in each case should be the one that has been proven in each particular case to be able to produce symptoms as like as possible in the healthy individual. We are to understand by "symptoms" that all the deviations from health, all morbid phenomena, found in the organism, with their conditions of change and concomitants, circumstances which we perceive or conceive with our senses of those of the patient, or, in other words, the totality of the symptoms is all that there is to disease when considered from a therapeutic standpoint.

Now herein lies the departure which draws a distinctive line between the false and the true, sometimes called the physiological and symptomatic. But there can be no physiological school, for "physiology is the science or theory of function and change in healthy bodies," while pathology has reference to the diseased body. Therefore, it must be called the pathological school.

Dr Richard Hughes, who is high authority in this school of pathological homœopathy, defines the true school when he says, "I quite admit that there is many a

terra incognita as yet in disease, and many a case which, as yet, we can treat only symptomatically. I am thankful that the law of similars enables us to fit drugs to disease, even when we are unable to say what the phenomena of either mean. But none the less do I reckon the other mode (the pathological) of applying the law as the more satisfactory, and, in most hands, successful, and believe that a scientific pharmaco-dynamics, linked to a scientific pathology by the bond of the homœopathic method, will constitute the therapeutics of the future." Thus the adherents of his school departed from the teachings of Hahnemann by making the pathology of the disease and the remedy the basis of the treatment, the modalities and the minute symptomatology being rejected as of only secondary importance, whereas the followers of the Hahnemannian school make the minute symptomatology the basis of their treatment, pathology and all else being subservient to it.

Now there are three points to which we would take exception in Dr. Hughes' teachings, specially waiving all the others that might be considered :

First.—Dr. Hughes was thankful that the law enabled him to fit drugs to a given case, even when he can not give the disease a pathological or man made name, or, in other words, before the miasmatic disease has given us any physical expression of itself, or, when they are yet functional. Now, if the law can be applied in any one case it can be in all cases, and if it comes to our rescue when

we do not understand the phenomena, is it not a greater test for the law than when we claim to understand its phenomena? Nevertheless we do not understand the phenomena any better after the pathological expression has been made manifest than before.

The second point is, has pathology any more relation to causes than symptomatology? Do not all arise from the same fountain head, and why resort to the other when the former fails?

Thirdly —Diagnosis is not always a positive thing, while symptomatology is always positive and they mean the same to all men, making the law a universal and harmonious thing. Pathology must be as complete and as positive a thing as symptomatology before we can arrive at a universal acceptance of it as a system of medicine. There can be no security in pathological prescribing *per se*, as each case depends upon the judgment and knowledge of the individual. Therefore it can not be in accordance with Hahnemann's teachings, and, from the very fact that Dr. Hughes is thankful that the law has provided another way, shows the weak place in the system, for in his distress he flies to the law—that law which every true homœopath learns of and loves every day of his life, and that in which he trusts and to which he pins his faith in time of trouble

But let us always remember these facts, that *post-mortem changes and pathology are not always the end of miasmatic action or the end of disease, although they may*

be the end, or death, of the patient Hahnemann never rejected pathology, and there was probably none more expert in making a diagnosis, but when he was through with pathology, for the sake of knowledge, he put it where it belonged, as a part of the great whole in the pyramid of symptomatology.

It is to this minute symptomatology that I wish, in particular, to call your attention in our investigation and study of the miasms, for a single symptom often in miasmatics may guide you to the discovery of some one of the chronic miasms that you have overlooked for an indefinite time in your treatment of the case—a single persistent symptom is often quite a positive sign of a suppression, and if suppressed, compels the life forces to set up another symptom no less positive and no less persistent, taking a deeper hold on the organism, therefore more difficult to eradicate.

Another departure of the pathological school from Hahnemann's teachings is found in the prominence they give to morbid anatomy or post-mortem changes. They attempt to base the relation of the remedy on these changes or on the analogy existing between the disease processes and the morbid appearances found after death. At first sight this would seem plausible, yet, on careful examination of the subject, we find these hopes to be illusive, first, for reasons already mentioned, that our knowledge of pathology or morbid anatomy is uncertain and by no means complete, as its history has been and is ever be-

ing presented to us as a succession of changes of beliefs and theories. Besides, these post-mortem changes are neither the beginning nor the end of these disease processes, although often the end or death of the patient. We might illustrate this by two cases of pneumonia. One begins in the right lung and travels to the left, and the other in the opposite direction. On examination of the morbid anatomy we might find no distinguishable difference, yet the phenomena might have been quite similar, that is, the symptoms covering the pathological groupings. Again, they may be entirely different. The pain in one may be sharp, shooting, stabbing, while in the other there may be a comparative freedom from pain, or if any were present it was of a dull character. No doubt there exists some minute distinction in the pathological change, but we can not detect that difference. So you can readily see the impracticability of using these changes as a standard of therapeutics, while on the other hand we can always take the totality of the symptoms as a perfect standard and as a constant thing, which, if carefully taken, is found to be an agreement with the therapeutic agent and in correspondence with law. This, you see, makes Hahnemann's theory the more simple and the more positive of the two. In this way, the symptomatology is not a local thing, but a general one, and we no longer confine our study of the case to local manifestations, but we are free to make our therapeutic application from every visible or discernible change from the standard of health in the

whole organism, whether it be physical, mental or moral, for they all become partakers of the sufferings of the offended organism or member and deserve the same attention from the true healer. The oneness must not be lost sight of, for they are inseparable in sickness or in health, a biotic whole, and it is only the pathological eye that does separate them and not the physiological or the pathogenetic one. It is the sick person that is to be treated, not the pathological name. It is the disturbance of the inner processes of life to which we are to look, and not alone to the outer processes, for the inner processes govern the outer, as the outer manifestation is but an outward expression of the inward process. As this is true of one pathological expression so it holds good in all. The miasm, psora, will give us psoric expressions, and so on through syphilis and sycosis. If we have a mixed miasmatic action, a pseudo-psoric or pseudo-syphilitic manifestation is the result. And it is here that a simple cause becomes a complex thing, difficult to understand or analyze, as new coloring is given to the symptomatology, as well as to the pathological groupings, as they partake in part of the nature of the combined miasms. This fact can be clearly demonstrated in the syphilo-psoric blendings of scrofula, and in the tubercular diathesis. We see clearly, especially in the physiological developments of the whole organism, the tracings of psora underlying the gross and exaggerated workings of syphilis as seen in the thick protruding lips and mouth, the irregular and im-

perfect dental arch, the serrated incisors, the high cheek bone, the large head and a thousand and one other changes not to be found in a case of simple psoric taint. Again as has been said we see pathology to be ever changing in its character and why should this be so? Can the Pathologists of today give any positive reason for this thing? Why should the pathology of today differ from the pathology of ten years ago? It differs because of the increase of syctic diseases which we know to be greatly on the increase, by the constant suppression of these disease processes, by the present modern powerful suppressive agents in use today, by the imperfect life, diet, hygiene, etc. Have we not vast heaps of literature on the subject? Are we not confused and overwhelmed by facts that are inharmonious, and are they not continually accumulating? And even today would we not all be hopelessly bewildered, had it not been for Hahnemann's wisdom and foresight in recognizing the fact that *disease* lies not in the pathology alone, but in the totality of the symptoms in each individual case? The pathological symptoms are not first causes in any case. There is something behind pathology, something a little deeper down in each case. Pathology may be a death process, but it was first a perverted life process, first a perverted physiology, a perverted function, and functional change preceded, and does precede, all pathology. Pathology is the finished work of the perverted life action—the ripened fruit, the lie made mani-

fest, the truth verified that good and evil produce death and degeneracy when associated with each other.

In pathology the term pathognomonic symptoms is intended to express the keynote of a disease, just as we use keynotes in drug proving. But it does not express that disease in its fulness or designate the distinctive features that characterize one disease from another. So, likewise, we say of pathology that it does not represent fully the expression of the disease in a given case. *The true pathognomonic symptoms of a given case are those that cover the existing active miasm* In this way our therapeutic grouping becomes a miasmatic one and not a pathological one. The chief feature in pathology is a constant factor in all persons attacked by the same malady, which has furnished the name of said malady. Yet we must all admit, with whatever school we may be associated, that we are able to detect by some sign, symptom and all-pervading condition that there is a characteristic difference in each individual case that gives it its individuality, causing it to differ from all other cases. We are not (I care not to what school we may belong) quite satisfied with pathology, although it seems to have a sort of monopoly over us, a sort of controlling influence, that to some degree deflects and biases our judgment, and the first thing we know, we have selected a remedy on the pathological grouping which does not fully cover the case, any more than do the pathological symptoms of a proving of a drug bring out the whole character of that drug. We

selected that which groups these patients into families, and not that which individualizes each. The one is based upon a pathological law and the other upon a physiological one, and the perverted physiological law is behind all pathology, that is, the pathological plus the existing miasm. How freely we express ourselves to our patients in pathological language. "You have a tumor" or "you have an infiltrated lung," "a valvular heart lesion," "a retroverted womb;" and the anxious patient replies, "Is that what is the matter, Doctor?" "Is it dangerous?" the next question. "No," you say "Is that *all* that is the matter with me, Doctor?" Now, such answers may satisfy the patient and quiet a disturbed mind; but do they satisfy you, my good reader? Do you not feel somewhat guilty? Have you told all the truth? Would you not like to tell *all* the truth sometimes? Would it not satisfy us much more to be able to say, 'you are psoric,' or "you are sycotic" or "tubercular" as the case may be? Does pathology count for much with any of us when we see a hypertrophied cervical gland or a tubercular osseous process in a joint? Does it amount to much when we see a tubercular infiltration? I am speaking therapeutically now and I leave you, my reader, to answer the question. The tumor, the infiltrated lung, the pathological condition as manifested anywhere is not all that there is to disease, and you know it. But you have lost the finer tracings in symptomatology that lead to cause, or that lie between cause and effect. "Remove the cause of this

effect" said the great revealer of nature, Shakespeare. So, what we thought was disease was but the effect of disease, and that which we named as disease to the patient we only gave them the name of a physical effect, or a disease ending a miasmatic centralization or correlation. Shall we look upon this correlation, this fencing or walling-in process, as that with which we are to combat or contend against, or shall we look further and deeper? We may ask ourselves such questions as these. How did this pathological manifestation make its first appearance? What was the mode and manner of its evolution? Did it develop a local thing as a fungus does, or were the fungoid properties in the system itself?

We know that behind every expression of life or matter there is a dynamis. If this be true why not look to the dynamis for the cause of the pathological expression? This is just what we *should* do. The life force *is* that dynamis, and the life force in a normal condition could not do other than give to that organism true physiological impulses and health and life giving qualities. But it is no longer a true dynamis, for it is now under the power of another dynamis, even the miasm that knows no law and has no life giving qualities in it—yea, all its dealings with the life are death-dealing and destructive to that life. It at once turns the life force about and, as it were, endeavors to conform all its movements to its own will and nature.

In the study of the causes of disease in the human

family we notice first the distinguishing features of the race, then the distinctive markings of the nationality, the characteristics of the family, and, last of all, the lineaments, positively or faintly traced, that characterize the individual. The provings of a miasm upon him—as that is what disease is—gives us a picture of a setting quite distinctive from an individual of some other type. We might use the remedy belladonna as an illustration of this. Many of its symptoms are identical with the proving of other drugs, but there is something pervading throughout its every effect that bespeaks of belladonna, something that we say is *pathogenetic* of the remedy. It is this principle that enables us to differentiate between remedies. Thus it is in the miasms; there is that in the phenomena of each that points distinctively to the action of some miasm or a group of miasms. By this means pathology becomes a servant and not a master of our art, and in this way it is brought into greater use instead of being a hindrance to our system of prescribing. In this way we have not only diagnosis, but we have the true picture of similia, which proves to be a better help and a greater power in the hands of the true healer than pathology can ever be to us.

The logical man, in his attempt at establishing any art or science, knows full well that it can only be established with any standard of surety by founding it upon some one of nature's laws. There must be some fixed principle, some standard of value, or the thing becomes an

uncertainty and leads to confusion. The first principles are those which establish the professional harmony, the union of purpose and the mutual co-operation among men. The man who firmly believes in homœopathy and its principles can under no circumstances or under any shading of sophistry embrace other principles than those in harmony with the law.

The pain-killer doctor is another type of the pathological therapist, with his pain-killing reagents, knowing full well that the pain that is lulled and deadened is not cured, and, indeed, he knows that as soon as the action of his pain-killer has ceased the patient is in a worse condition than before. When men make the claim that they do not desire to be governed by any fixed set of principles then we know that they are not men of law, and that law has no dominion over them. The question then arises, should we employ these men to treat our families who not only ignore law, but who are, in every scientific sense of the word, lawless men? If medicine is a science we know that it must be governed by law. And in order to advance it, we must be guided by law, and in time we will be asked to prove our advancement by demonstrating our *modus operandi*. Yes, we must have law as the foundation upon which to erect any great structure, or we fail, we can not build upon man's multiplicity of opinions, for if we do the whole edifice will become Babylonian and end in confusion and disaster.

We can not apply the law of similia in any degree of

perfection through pathological similarities, for the simple reason that they never cover all the case. There are symptoms behind pathology, symptoms that lie at the cause to which pathology is due, that fathers' and mothers' pathology. Therefore we have not the tota-causa in any pathological grouping, we must go back to the fountain head in order to find out that which taints the rivers of life, for pathology is not fed and nourished by pathology, and we, as men of science, must acknowledge its miasmatic fatherhood and birthright, that symptom similia does not begin nor end in pathology, although we do not, by any means, ignore pathology. "Cancer," says Dr Ostrom, "is primarily a dyscrasia." If that be true, then let us ask this question: What is behind dyscrasia; or, in other words, what is the first cause of dyscrasia? Here investigation ceases in all schools of medicine except the school of Hahnemann, and it is here he has opened secret doors both in science and philosophy, and he invites all to enter therein and behold the secrets of disease and disease changes or, if you please, pathology.

Let us read a few paragraphs from Hahnemann's writings, *Chronic Diseases*, Vol. I, p. 18-19.

"Ever since the years 1816 and 1817 I have been employed day and night to discover the reason why the homœopathic remedies which were then known, did not effect a cure of the above named chronic diseases. I tried to obtain a more correct, and if possible, a completely correct idea of the true nature of these thousands of chronic

ailments which remained uncured in spite of the incontrovertible truth of the homœopathic doctrines, when, behold! the Giver of all good permitted me, about that time, to solve the sublime problem for the benefit of mankind, after unceasing meditation and research, careful observations and most accurate experiments. I observed that non-venereal chronic diseases, after having been repeatedly and successfully removed by the then known homœopathic remedies, constantly reappeared in a more or less modified form and with a yearly increase of disagreeable symptoms. This proved to me that the phenomena which appeared to constitute the ostensible disease ought not to be regarded as the whole boundaries of the disease; otherwise the disease would have been completely and permanently cured by the homœopathic drugs, which was not the case—but that this ostensible disease was a mere fragment of a much more deep-seated, primitive evil, the great extent of which might be inferred from the new symptoms which continued to appear from time to time. This showed me that the homœopathic practitioner ought not to treat diseases of this kind as separate and completely developed maladies, nor that he ought to expect such a permanent cure of these diseases as would prevent them from appearing again in the system, either in their original or a modified form”

“I became convinced,” said Hahnemann, “that to discover one or more remedies which would cover all the symptoms characterizing the whole of the disturbance

was to discover all the ailments and symptoms inherent in the unknown primitive malady. The medicines so found would be able to conquer or extinguish the whole disease, with its successive groups of symptoms and its endless change of phenomena."

Now in an analysis of this most precious page of homœopathic literature we find the following revelation. Hahnemann had been prescribing for a certain group of symptoms that to him seemed prominent and important. No doubt, many times, these symptoms were either pathological groupings or reflex phenomena. However, they were not basic or miasmatic in his arrangement of them, hence the return of the symptoms in a modified form or in new groupings. But when he found remedies which covered the whole of the phenomena the disease did not return, but the patient remained cured. A little farther on he says, "*This primitive disease evidently owed its existence to some chronic miasm.*" Now this wonderful revelation, and it is wonderful, for no man, before nor since, has seen such a *revelation* of disease, nor had such a flood of light thrown upon the *phenomena* of disease. The prescribing of a true antipsoric remedy covered all the phenomena of disease, both its pathological and symptomatic expression, even the *inherent primitive unknown malady*. That being removed, there could arise no new phenomena nor any expression or manifestation of what might be called disease. Why? Because the principle of *vitus-morbi* had been removed, yea, annihilated, and it no

longer existed, and the organism was free from the first cause of its disturbance. Thus the cure and the preventive of its reappearance must follow as a law of cure. Hahnemann's recognition of this *primitive existence in a chronic miasm is the only true conception of disease*. The new phenomena, or that which is supposed to be new disease, is nothing more than the daily workings of the miasm, or the further development of miasmatic action, the forward movement of a perverted life action, a miasmatic revelation of that unknown dynamis, *psora*, or some other miasm, as seen in its pathological changes in the organism. Hahnemann's experience with his remedies is often ours; we give a remedy based upon a few of the more prominent symptoms in a given case, and what results do we get? Simply nothing more than palliative effects or a reduction of the miasm back to its latent condition, and when the least exciting cause makes its appearance, such as taking cold, undue exposure to the elements, injury, climatic change, errors in diet, or any of the many exciting causes that are apt to come in our way, we have a fresh outbreak of the miasm, either of a similar nature or in a modified form. In that way the general health of the patient is switched back and forth with no permanent good result in the end. But when we come to understand the miasm well enough we can select the basic miasmatic symptoms in each given case and, basing our prescription on them, we reach *prima causa*, and not only are the secondary or tertiary manifestations

of the miasm removed, but the effects of the miasm as a whole, or the sum total of all that is known as disease.

There comes a time when we can not do this or, at least, it would not be wise to do so, as is seen in cases of incurable disease or when the miasmatic action has progressed so far that no permanent reaction can be solicited and any attempt to make a positive cure results in injury to the patient and often shortens life. This is frequently seen in such diseases as diabetes melitus, in the last stages of cancer, tuberculosis in its third stage. Here it is well not to base our prescriptions upon the basic miasmatic symptoms; as the attempt made by nature under the basic remedy causes overaction and death follows sooner than if we left the patient alone. Here it is better to palliate the disease by remedies not based fully upon miasmatic symptoms.

When we undertake to treat pathological miasmatic formations we get no permanent results from our potentized remedies unless we *do* base our prescription upon the true miasmatic symptoms in the case. And, naturally, we may see that this might be true, for the growth, formation or whatever it may be depends upon the miasmatic principle in the life force; or, in other word the life force is in the pathological business and is prepared to manufacture any pathological formation depending upon the nature of the internal existing or acting miasm. If the miasm be psoric we have psoric manifestations. If it be syctic, we have syctic pathology; and if syphilitic, we

have the polymorphic pathological presentations of that other great lust miasm, or, if we have the miasm syphilis and psora combined, we have the multiplied changes and infinite destructive processes known as tubercular pathology. In order to magnify the tubercular pathology we have but to add the sycotic miasm, when there at once develops the malignant types of tubercular disease. This is not to say that a malignancy could *not* develop without the sycotic, but that it greatly increases the possibility. We often see this fact demonstrated in patients who are infected with sycosis that has been suddenly suppressed by injections or medicated douches, when suddenly new, acute and persistent symptoms develop, such as stasis to lungs, heart, kidneys, brain, or to any internal organ or part. Some secondary processes may arise, like la grippe, to develop this stasis, but it comes, sooner or later, often unexpectedly. Tubercular infiltration in these cases is said to be due to la grippe. But is it due to la grippe? No, it is due to the newly acquired miasmatic disease (sycosis), and the new or acute miasm la grippe—(it, too, being of a sycotic origin) stirs up, as do all the acute miasms, the chronic suppressed or latent miasm or miasms, as the case may be. They again become active and set up a stasis of that disease which, in time, is converted into a new or secondary point of elimination which is destructive, of course, to the organism, as it attacks a vital center of life. The frequency with which we meet this condition of things is

amazing if you will look carefully into the history of each case, as fully eighty per cent. of the cases we treat today, especially in men, are syctic in some degree; they are suffering either from the acquired form or from hereditary transmission.

It is dreadful to contemplate such a condition of things as is present on the earth today. Almost every man you meet is polluted with this disease; and it is ten times more difficult to cure diseases at the present time than it was fifteen or twenty years ago. The difficulty increases every year, and that is one reason why many of our physicians of today resort to palliatives and suppressive measures. The study of these cases is difficult, and the connection between the disease processes harder to understand and more difficult to analyze; but it is greatly simplified by a thorough knowledge and understanding of the miasms. When we become acquainted with the phenomena of the chronic miasms, psora, syphilis, and sycosis, or their blendings, it is then we begin to understand their pathology, for their pathological manifestations are peculiar to themselves. It is only when they are suppressed, or in a latent condition due to a suppression that the pathological readings become at all difficult. Quite often the well indicated homœopathic remedy will in a very short time develop such cases, bringing them to the surface in the nature of an eruption, or by some special lesion or discharge peculiar to the existing miasm, thereby revealing it. Of course, no miasm will give us tertiary pathology if

it has been properly treated through the homœopathic law, especially when the higher potencies have been used—and what I mean by higher potencies is the 1m and upwards. I have never seen tertiary symptoms develop even in syphilis when the 1m, 50m, cm and potencies of this power were used. The law of cure will arrest their progress before they have reached the tertiary stage. The cure does not take place while a disease process is advancing. It is possible for us to have suppressed symptoms reappear, or latent ones develop, but we can have neither a new setting nor a progressive advancement of any disease in the presence of the law of cure unless it be of a malignant or incurable nature. The chronic miasms, syphilis and sycosis, ought to be cured in the primary and secondary stages, before they have formed such a perfect bond with psora as to induce tertiary manifestations. Tertiary manifestations are in these diseases permitted to develop, principally because we have neglected psoric manifestations that were latent before the new bond (with syphilis or sycosis, as the case may be), but now aroused by them into new activity by the new stimuli and the bond with the venereal miasm. Here often arises one of our greatest mistakes, an almost inexcusable one. On general principles we are giving mercury sol. for the syphilides, the ulcers or the mucous patches, continuing it on and on for an indefinite period, while at the same time it is acting only as a suppressive and not in any sense as a curative measure. No; the miasmatic similia now

lies largely in the psoric bond and in the psoric phenomena, and a remedy may have to be selected whose provings cover the present phenomena of both miasms, which would be, of course, more homœopathic, indeed, it is the only thing that is homœopathic. Should we continue the mercury we may suppress the syphilitic phenomena entirely, but then new developments of psora appear which are often difficult to deal with, if not incurable. And we have thereafter a true case of persistent chronic disease to treat.

The true internal nature of disease is made manifest wholly in the study of the chronic miasms. Pathology can do nothing more for us today than it did in Hahnemann's time, and it can never do any better, for the simple reason that pathology is not at the bottom of that *mysterious process* by which morbid changes and alterations take place in the organism. What is said of disease may be said of potency. Although we see no material in potency, it still has the power to disturb the healthy organism in its own peculiar way. And thus it is with the miasmatic potential, it is an invisible and unseen thing, yet we see the effects of its presence in the organism long before any change of tissue takes place. We see it first, as a rule, manifest in the mental sphere, then in the physiological or functional, then, finally, in the pathological, the pathological, of course, coming last. To many of us it is in this intervening space that the mystery of disease lies, the culminating act or the pathological formation. It

is in this stage of the disease that the dynamis of the organism (the life force) is undergoing change or perversion—the intermingling of the false with the true, or the miasm with the life force, and *the disturbances are in accordance with the existing active miasm, modified by previous heredity or miasmatic states of the organism.*

SECONDARY DISEASES, OR SEQUELÆ.

Where latent chronic miasms have been aroused from their slumberings by the violent action of some acute miasm such as typhoid fever, la grippe, scarlet fever, etc., often at their close we have left what are known as sequelæ or secondary processes, supposed to be due to the acute malady. But this is not so. They are secondary or tertiary processes of the chronic miasms that have been overlooked in the treatment of the acute miasm. The acute miasm, we know, is self limiting in its action, for in a certain fixed period it should disappear. Therefore its non-disappearance and the appearance of the secondary disease is due to the chronic miasmatic basis that previously had its existence in the organism. "The vital forces," says Hahnemann, "were (previous to the appearance of the acute miasm) able to keep down the psoric or chronic miasm which always strives to get the upper hand" Now, by the aid of the acute miasm, it is assisted into prominence as the resistive power of the life-

forces are overcome, or overwhelmed, by the combined power of the two subversive forces. This fact can be clearly seen through the failure of the homeopathic remedy to any longer arrest the disease process that has now assumed a pathological proportion or state. We are now compelled to select a remedy covering the chronic miasm in order to arrest this process which, up to this time, has been overlooked or neglected, and which could have been avoided had we, in the first place, or earlier in the case, based our prescription upon the symptomatology of the underlying basic principle or chronic miasm. This thought might be illustrated by a case of scarlet fever where belladonna was indicated and which was given far beyond the period of usefulness, and the result was an abscess of the middle ear. Had we looked deeper we might have seen sulphur, silica, psorinum or some other deep acting miasmatic which would have headed off this secondary or tertiary process and at the same time greatly mitigated, if not aborted, the acute disease. By this method of prescribing scarlet fever has lost its terrors and its danger to life has fallen to a minimum; the fever disappearing usually about the eighth day and convalescence following rapidly. Of course, I give these patients no solid food, and the usual caution and care is taken to prevent the possibility of taking cold or chilling the body where such a large area is affected as in this disease and where such an important organ as the skin, with its multiple processes of elimination, is involved. These

acute epidemic or sporadic miasmatic diseases must not be allowed or permitted to complete their course, for the longer they are allowed to exist in the organism the greater danger there is to the life from their rapid destructive processes as they combine their action with the chronic miasms, psora or either of the others that may be present.

"They, in the first place," says Hahnemann, "could not exist except in the presence of the chronic miasms, syphilis, sycosis and psora." That is, the acute miasms, such as la grippe, malaria, exanthematous fevers and all infective and contagious diseases can not and do not bond themselves with the life force independent of the miasms. There must be a basic miasm, there must be a *sin process*, already present in the organism. The inner *virtus potens* must have in some degree failed, and prepared the soil for the acute miasmatic toxus. Then again we see that in order to arrest pathological developments or processes we must search for the basic miasmatic symptoms in each case, for even after we have dispelled the effects of the acute miasm by the use of our acute anti-miasmatic agents (remedies), the psoric or chronic miasmatic process has been forced to set up a stasis or a new central point of elimination for its own pathologic *debris*. This was, of course, unnecessary, and had we carefully taken into consideration the chronic miasmatic process that was co-operative with the acute disease we would not only

have arrested the whole process but would have shortened the disease period and the sufferings of the patient.

This is one of the strong distinguishing points between the true homœopathy and the false, between that which corresponds to a *true science* and that which might be called a *pseudo-science* or an imperfect science. It is the point of gradation or of valves in the homœopathic doctor; it is the difference between palliation and cure, between a true knowledge of disease processes and an imperfect knowledge.

If we have some understanding of the nature of the miasms, their history and action upon the life of the organism, we are able to follow these processes, linking them together into an unbroken chain, and our knowledge is not confined alone to the present, but it becomes prophetic and we can prognose their possible developments, even to their intricate processes and mysterious movements, in that way we are able to head off the new developments and new processes that come upon us unexpectedly.

BACTERIA AND THEIR RELATION TO PATHOLOGY.

Another doctrine that has come to our knowledge in the past quarter of a century, and which has become a sort of appendage to the pathological schools of medicine in general is the doctrine of micro-organisms, which, for a time, threatened to swallow up the dynamical doctrines of Hahnemann, *that, disease is nothing more than the disturbance of the life force.* But law, in time, always resumes its equilibrium, for they too (that is these many forms of *bacillus*) have come under the same law, even the law of similia and under the law of potentiality. The homœopathic remedy covers all the phenomena of disease of whatever origin it may be, even to the micro-organisms. The life principle restored, or when the perverted life force resumes its normal, it puts an end to their existence. Thus we know that their existence is but an expression of that perversion. True, they exist in a latent state, even as their parents, the miasms, exist in a latent state. True, often of themselves, they are able to convey disease, even as they partake of the same toxic elements as the miasms; as like produces like. Even their medium is a miasmatic production; therefore their medium has the same disease-producing power and is of the same potential, and what is true of the chronic miasms is also true of the acute miasms, or what may be said of

one may be said of the other so far as their power to produce disease is concerned.

The Physico-chemical schools freely accepted the teachings of Dr Koch and others, receiving them with great enthusiasm, sincerely hoping that the medical profession had at last arrived at a means or found a method whereby the true remedial agent could be found and applied to the diseased condition. But in this they have failed as did those before them and as will their followers, because there is but one way to study disease and that is the way mapped out by Hahnemann, that disease is but the varying conditions of the life principle which not only *creates but controls the organism*. Do not the scientists of this present time deny that there is a living vital force which animates and dominates the human organism as a whole? "Yes," they say, "it is a chemical entirely, there is nothing we can find beside that." But they can find what they see in the chemical, even when the spark of life has fled. We can not demonstrate life in the chemical any more than we can gravitation. It is not demonstrable, because it is *behind* chemistry and was *before* chemistry, and organic chemistry came into existence by virtue of the dynamic. When we first begin the study of any science we should first look for the law which governs it and must not strive to make the application independent of it. This is true whether we study bacteria in their relation to disease processes or whether it be in our application of *them* to disease. Behold the bold, daring

experimenter who attempts to apply these toxic elements such as tuberculinum, vaccinninum, diphtherinum or any of the viruses of commerce in use by the serotherapeutists of today to combat diseased states and processes with no law or no principle behind their application. Instead of pursuing a course of investigation based on natural laws and inductive reasoning, a theory is first propounded and then every effort is made to substantiate it empirically. Thus, when a bacillus is newly discovered they immediately *declare caus morbi, ergo*, to cure, the bacillus must be destroyed. *This is but an epitome of what has been done throughout the world for the past twenty years and in no instance has the mortality been lessened nor the prevalence of any disease decreased.* Smallpox increases, becoming even epidemic, tuberculosis multiplies and day after day the public press publishes announcements of the deaths of the unfortunate victims coming under this unscientific and unjustifiable empiricism, saying nothing about the thousands of organisms ruined and weakened by these toxic elements, these degenerate, degrading animal poisons which weaken the race and multiply disease processes without name and without number. Some of the fearful conditions that follow are skin eruptions of all forms, malignant diseases, heart failures and even death may follow their use; post-diphtheretic paralysis, malnutrition, non-assimilation, tuberculosis and a host of conditions which are frequently overlooked by many of us.

But there is a law governing the *life* and *health*, a law governing *disease* and a law governing *cure*. Why will our scientists not seek and find these laws and these principles and strive to make the application of them for the safety and for the benefit of their fellow men? Should they do so, they would upset all their fine spun theories of the present and of past centuries, and would reveal to the world the fact that they are neither men of science nor men of law. Satan is up in arms when men attempt to either keep law or any attempt he makes to apply law. They do not look deep enough to see the sin process or the miasmatic dynamis that has ever been a mystery and a secret to all, except to those who have become followers of Hahnemann. This invisible potentiality (*the miasm*) in some form is imposed upon the life of every unborn child in some degree, often to such an extent as to destroy the new life or drive it from its living house by its invisible expelling powers. These are the influences that break down the resisting power of the organism, that force the organism under false laws, thus bringing in all perversion, even to cell perversion and cell change. It gives to the unformed and imperfect creation in utero that principle of cell perversion which after birth, generates the false processes, even the tubercular processes in all its forms, whether marked or unmarked, whether functional or structural: it is all the same. The cause is found in the blendings of the two chronic miasms, psora and syphilis. This is also the reason why the disease should attack one

person and not another, one family and not another. It resolves itself into the fact that the only and supreme influence which determines its action and its development in any human being is an inheritance of the above mentioned chronic miasms. They alone can produce what is known as tubercular processes and tubercular taints. They do not only furnish the soil for germs, as we often hear said, but they *father* the germ. They are the propagators of the tubercular processes and the tubercular bacilla *in toto*. The perverted cell of Virchow in any disease is not at first a pathological one, but a functionally changed cell, only cognizable by symptoms that are not normal or that are below the standard of life or what is known as true function. So, it can readily be seen, that cell perversion which in time becomes pathological must first be functional, and that there may be *any* intervening time between that functional change and the appearance of the pathological. The question may arise in your mind, why is it that one person in a family becomes afflicted with the disease and another should escape? The answer is: they all have the taint, for they were all conceived under that law of perversion due to the presence of the miasms in one or both parents, if in *one* parent *only*, then the danger is lessened or minimized to a great extent. Thus we often see the boys in a family free from tubercular affections while the girls are affected early in life, but the disease is held back often by that natural physiological resistance that each organism is endowed with and other

conditions favorable to the development of health and strength such as physical training, climate, diet, fresh air, etc

It is only when the miasm has created something that the pathologist recognizes it as *true* disease, and if the miasm be psora or sycosis in a tertiary stage he either sees no relationship whatever, or he can not understand that relationship. Every man sees the potentiality of life in the heart, and in the respiratory movements, the circulatory phenomena, cell construction, but they do not discern it clearly in disease before the pathological appears.

Professor Virchow, the father of cellular pathology, advanced the theory that structural change (the pathological) began in the cell. This, no doubt, is true as far as it goes, for the cell is the unit of the body; the body is made up of these cells or these units. But as men of science we will ask this man of science, for the sake of bringing forth our point (although he has departed this life), what disturbed this little unit, the cell, how do the cells become diseased when, often, there is no external apparent cause? Why should the blood cells die or decrease or multiply either locally or generally? Why should they pile up in heaps and form tumors and abnormal growths, or, in other words, what is that power that is behind the cell change, behind the cell disturbance, or the life perversion in that affected part or portion of the body? *Bacteria*, is the answer. Shall we carry the question further and ask from what source do these bacteria emanate; from whence

is their parentage, their origin, their existence? Shall we wait an answer or is the question unanswerable? Are they a product of inheritance; are they prehistoric? Professor Virchow says not, for in an address before the Tubercular Congress held in Berlin on May 27, 1899, he declared before that body "that there is no evidence that tuberculosis is inherited, as I have never, in the course of my microscopic investigations, found any trace of its presence in the unborn babe," although he admitted that it could acquire the disease one day after its birth.

I would like to ask my readers if this bears out the experience of any of us? Is it any guaranty of its absence or of the future possibility? Does it bear out Hahnemann's theory, or is it in accord with the history of our experience or with the history of tuberculosis in the race? That potentiality that is behind the cell is the thing that Dr. Virchow did not see, nor yet has any materialist seen. Their eyes are veiled to all such light. This is where Dr. Virchow turned about, and where the immortal Hahnemann went on and *on* and *on*, until he found his life force. Hahnemann, by his remarkable and comprehensible philosophy, by his keen analysis, his wonderful research, enables us to make a clear generalization, taking a mountain-top view of things, and brings about an orderly arrangement of the different phenomena presented in disease, which, without his instruction, would be incomprehensible.

THE RELATIONSHIP OF THE MIASMS TO ABNORMAL GROWTHS.

We have seen the relationship which the miasms bear to acute diseases, and to all diseases as a whole. We also saw their relation to functional disturbances and to pathology in general. We have seen that all disease was first disturbed function and that later on, as the functional disturbance increased and became more intensified, it became pathological. Indeed it is the perverted function or physiological stress that produced the pathological. It is the multiplied impulses that have not life giving power or life giving principal in them that changes the physiological, and from these continuous perverted impulses the false creations develop, but separated from all sin process, the life forces act in all harmony and its resistive, sustaining and creative powers are magnified

Thus all life is magnified by continuous normal impulses from the great nerve centers of life such as the brain. We see this great potential dynamic in the power of speech, the action of the mind, yet after all overlook the potentiality of disease. Yet all these energies, all these potentials, are invisible, and when they have finished their work we saw not the workmen. It is the same stupendous potentiality that gives us these wonderful manifestations in life, so in disease, the life potential combines with the miasmatic potential.

Herbert Spencer says, "We have no state of consciousness by which potential existence becomes actual." But we see in nature innumerable manifestations of these ever present and ever acting potential forces, working out and through the material and bringing forth and developing the actual or material as is seen in the action of growth by sunlight, heat and moisture upon all life, stimulating, nourishing, developing, and showing that the actual is latent, dead, lifeless and undeveloped without the potential; therefore they are inseparable. *Then we say all actual existence was first potential existence.* If there were no potential existence there would be no life nor no motion, therefore it is the genesis.

Again, without life or motion there were no actual existence. Medicinal and chemical action are not directly potential, they, it is true, have a crude potentiality of their own which, as in the case of the chemical, can be, by potentiation, changed back to their original potential.

Then we base the theory of all pathological formation and of every expression of pathology upon the grand truth that in all our dealings with matter, or the material, whether it be an organism imbued with the highest form of potentiality or be it some inert medical substance, any therapeutic agent, *we must deal with them from the potential side wholly.* To deal with them otherwise is to ignore the potential, its power over all, and its dealings with matter. Indeed, to ignore the potential means even more, it means to catalogue life with the material, with

the chemical, and to raise it no higher than the chemical plane. In the actual it is the consciousness of form, of size, of color, etc. In the potential it is the consciousness of action, of change of position and motion. In medicine it is more than that it is the power of their action (the miasms) upon the life forces. It is this power that the miasms wield over the life that we have constantly to deal with. It is through their influences that all disease change takes place from the slightest functional disturbance to the most exaggerated pathological creation. There is no other builder in pathologies but the life force and there is no provision made in a healthy organism for such creations. But let us infect a healthy organism with the miasm of syphilis and then, knowing of the possibility of its presence, let us watch the action of its constructive and destructive forces at work. At first only slight tracings, faint outlines of its presence are detected, gradually, however, it gathers strength from day to day as the system becomes more and more intoxicated with its presence. Soon we begin to see the beginning of false processes and multiple false expressions both within and without the body. We see the false structures built up and again torn down, we see the *neoplasm* arise apparently out of healthy tissue or with healthy structures all about it, pushed up or through by that miasmatic power that is co-operative with the life. How easy it is for us to combat visible enemies, but when such an invisible dynamis gifted with such power as is manifest in syphilis

confronts us, no wonder we are often at a loss to understand its multiple manifestations and its multiple processes. If any where we should become acquainted with this dynamis of the miasm, it is syphilis, where the phenomena is *so regular* and *so constant*, while in psora no such uniformity of phenomena exists. We might also say that if there be anywhere where we might set aside the chemical and accept the dynamic, it is in this disease, syphilis. Let us watch its pauses of weeks duration, its progressions, its strange presentations, its specific *aura*, its destructive cell infiltration, its concrete lesions and its vicious ulcers with their necrotic *debris*. When we study carefully all its strange and progressive phenomena, we ought to be fully convinced of its potency in dealing forth its death principle and we may also have some conception of the seeming unlimited end of power of its sin process, more especially knowing that a violated principle of the *decatalogue* is behind that power. Again when we consider what a positive bond it has with the life force, and how it never expresses itself until it has fully made that bond, even should there be a pause in its preparation, extending from 17 to 50 days before that preparation is fully made, and before it may express itself upon the organism in what is known as syphilis as it demonstrates this power throughout the organism. The first potential is seen in the intoxication of the system long before the pathological appears. The second potential manifests itself in the glandular involvement and the secondary external or skin

eruption and the mucous ulcers. The third potential is seen to partake not only of the syphilitic miasm but of the latent psora which is aroused from its lethargy and intensifies and magnifies the action of both miasms. Indeed, the syphilitic miasm gathers strength and power at each new setting of the disease, for such is the law of progression "The wages of sin is death," and the death process becomes more manifest as the sin process develops and proceeds in the natural order of its development. The life force yields more fully to the influences of the miasm (syphilis) as the latent process (psora) comes to the assistance of the syphilitic miasm, thus weakening its resistance until the false process overrules the life process, and the organism succumbs to its fate.

The real object or office of the pathological is to relieve the organism of this dual action of the miasm with the life force. The pathologic is necessary, as false, eliminative centers, indeed lesions of whatever nature or in whatever form they may appear are eliminative points of disease products. They all bring relief to the organism threatened by the internal workings of the miasms. The truth is that an *internal* disease process, when it becomes *active*, must in the general course of events and through the natural evolutive process, *soon* become an *external* disease process. Yea, not infrequently, some of the natural eliminative processes, like those of the kidneys or of the skin, become accelerated in their action. This may increase even to an incipient

diabetes or hyperhidrosis, or a diarrhoea may intervene and in that way, for a time, relieve the internal disease process, thus preventing some pathological lesion or stasis of disease. Should the natural eliminative process take on such action it must soon become an overworked process, or what is known as an overactive one, which is followed by reaction, which means some form of paralysis or paresis. It is safer, then, for the organism to be relieved by some superficial pathological lesion rather than through a physiological eliminative process that in time must become pathological. If we do not understand the laws governing the dynamis of life we are soon deceived, as we are apt to take the results of action for their cause, or, in other words, we take the finished or completed work of the miasm, the lesion or the pathological for the real disease. For instance, we say the tumor is the cause of pain or pressure or some reflex condition, which is true, perhaps, but the tumor is never the first cause of the disease. No lesion or pathological condition is the first cause of any disease, for the disease process precedes them all, and the *true* cause always lies (outside the mechanical) in the disturbed or distressed life force itself. We must go back to the life force for all action and all change in the structures of the organism itself. A tumor is but an inhibitory point due to perverted life action. It is a miasmatic correlating process. The difference often between an abscess and a tumor is, that one is an inward process, while the other is an outward process, although

they both may be either an inward or an outward process. The abscess throws off or out the disease, while the tumor correlates it. One is destructive, the other constructive, both of which, up to a certain degree, become, as it were, safety valves to the organism. The life force of itself is a true potential and all its processes should be creative, and it can not be deflected from its true action save for the presence of some miasm within itself. The life as begun in man must have forever moved forward in the same unchanged and unchangeable state, never to grow old nor to be in any way related to environment to death or to time.

The father, then, we say, of all sickness of whatever nature it may be, is, directly or indirectly, a subversive force whose action is co-existent with the life force. Therefore, through this co-existent action we may have any conceivable anatomical, physiological or histological imperfection—yea, more we may have a mental, moral or even spiritual imperfection

To us, as homœopaths, a tumor or any abnormal growth, in fact, any pathological formation, is but a landmark of miasmatic action or change, for these manifestations present in themselves the prehistoric history of such change and such action and a recognition of the real, the miasm, the subversive force as distinguished through the phenomena of disease action. They are simply ripening or ripened fruit of that prolonged perverted life action. As the action of physical forces for ages has

changed the whole face of nature, so has the action of the miasms changed the whole physical, mental, moral and spiritual nature of man. He is a wreck of his former self, all due to this subtle nonentity, as mentioned by Hahnemann in paragraph 13 of the Organon. It is a subtle nonentity as compared with the pathological.

Let us now notice more closely this dual action of the life force. The life force itself, in a normal state, is endowed with a creative power, but when we add to it the destructive action of some one or more of the miasms then we have a dual action set up. "All vital action," to again quote Spencer, "considered not separately but in their ensemble, have for their purpose the balancing of certain outer processes by certain inner processes." This balancing of the effects of force we call equilibrium, and as soon as this standard barometer falls we have disease, and this prolonged dual action must sooner or later set up a counteraction, which gives us the inhibitory point heretofore mentioned and which becomes a new and fixed center of disease action or a wheel within a wheel. Here is where the pathological begins in this inhibitory point, and therein is set up by this new and false action the new and false creation. In this way we can establish some true relation between what is seen—the *real*, the *pathological*—and what is *producing* the *pathological*, a connection of subjective states and objective agencies or actions.

We see then in abnormal growths two things: the

pathological condition and the phenomena of that condition, and in the phenomena of that condition lies the cause of the pathological, while the *real* (pathological) represents only a portion of that truth, as it is the finished work or last cause; but for the first cause or first action we must study the remainder of the phenomena, and as we analyze perverted vital action as a whole it conducts us back to cause and to a true conclusion of the unknown.

Then we conclude the thought that what we see in the real, is not only impressed upon consciousness as a mental impression, but it is substantiated by our senses of sight, touch, hearing, feeling and taste; while, on the other hand, we can, by the extension of the same mental process, prove that the real came out through the action of the potential, and the pathologies are buildings or creations of a life force perverted by miasmatic action, and that the phenomenon of appearance is not *prima causa*, rather is it the phenomenon of that invisible *potens*, psora, or some other miasmatic influence upon the life force.

Even when we can not always locate or name the existing miasm we can, from our knowledge of its action, locate cause through our study of the phenomenon, for we know that the disposition of cause is the disposition of that phenomenon; or, to be more definite in our statement, we say the application of the law of similia to the active miasm is the only true method of curing the disease even when it has reached the pathological state. We

must always look upon all disease, whether of a functional or a pathological nature, from the potential side, and regard all phenomena, whether produced directly or indirectly, as manifestations of some power within the organism itself. The science of homœopathy is the correct grouping of all the relations existing in the pathogenic phenomena of the life force, applying it to law, which is the shortest and most direct route back to cause.

In our study of this retrograde process of disease many complex groupings of symptoms may present themselves for consideration and analysis, until perhaps a long history of perverted life action has disappeared in the reverse order in which it came. In the end we are able to establish and locate cause, and the unknown becomes manifest when a clear light is thrown upon both the actual and potential.

The truth of the matter is that what we call real as seen in pathology is only the appearance of the real, the true real being potential or dynamic. If we, on the other hand, would say the real (the pathological) had always existed, there would be some truth in the statement that disease was pathological. But knowing that the pathological did not always exist, that it belongs not to the perfected organism, it becomes an objective reality, and the true real is now seen to exist only in the potential which may have always existed in the organism, although in a latent state. This study of the potential as seen in the action of the chronic miasm becomes the ultimatum

of all ultimates, and the whole science of homœopathy, so far as therapeutics is concerned, becomes a study of the science of the forces and the laws governing them, taking the true biological action of the life forces as a basis. On the other hand, as the real or visible (pathological) came through the medium of the potential, or the perverted life action due to the miasms, so, in like manner, it disappears through the potential by virtue of the power of the potential and by the assistance of the *other* potential, the remedy. This is *true* healing and is embraced in the teachings of the first paragraph of the Organon.

This conflict between the life force and the miasms furnishes us, as healers of the sick, with material for a life study, and the suffering one, with all the ills life is heir to, with all the phenomena, subjective and objective, visible and invisible, that fill our works on practice and our volumes on therapeutics, with data of the phenomena of disturbed vital force. In the beginning of this miasmatic conflict, or when the miasms are in a latent condition, we see only signal flags of distress, only threatenings of greater future action, as seen in flying pains or the mild sensation of heat and cold, peripheral irritation, and then we may see great centers profoundly disturbed, as in epilepsy, spasm, convulsions, until we get any degree of perversion.

All movement ought to be governed by fixed laws, and when motion is interfered with we know that law is interfered with, or the law governing that movement. Every

force in the universe should be under law. The life force is not exempt from this rule, hence in any disturbance of it, it must be admitted that the laws which govern it have been disturbed by the interference of some other force

A nebulus of disease is but a nebulus of perverted motion, and a climax of disease is a climax of action in the perverted life force. We live or exist on a higher plane of action, even as the life forces act upon a higher or lower plane. It is the momentum that kills or makes alive, force must be multiplied or diminished before lines of action are changed or destroyed.

How do we know that we have uniformity of law in the forces, even in the life force? By uniformity of action. And how do we know that we have uniformity of action? By the constancy of the same phenomena we know to be present in the normal life action, which becomes a standard from which we judge all perverted life action.

In the study of the miasm we see that there is a something in disease, in fact in every case, which is beyond consciousness and which persists, and *it is this persistence that premeditates causes other than that which we now see in the pathological*. We are compelled to confine ourselves to the study of the phenomena, the nature of which confirms the kind of bond the subversive force has made with the life force. When it proves to be an inseparable one we call the disease malignant, and when it can be separated, a benign one. The positiveness or the per-

sistency of the bond establishes the relationship between the life forces and the subversive forces. If the balance of power be on the side of the life force the subversive force is latent. But if the balance of power be on the side of the subversive force, then we look for any degree of intensity and persistence of disease, and the *real* or the *actual* becomes magnified as the *potential* becomes magnified. Then the history of disease is a history of something coming out of the imperceptible, out of the invisible or potential, and in the course of time through similia it disappears in like manner. This is as true of the functional as it is of a simple pathological state, and the phenomena that has passed must, in some degree, become the phenomena of the future in the correlative action of true similia until the whole past is expressed and the history of all the disturbances of the sick one is complete through the law of similia. Thus we have found that the real, the actual, is but the creation of the potential, that the real has no existence but through the potential, that the correlation of the forces is behind all things, and if we wish to know or to see what disease is we must know and see it through the potential, also if we would remove disease from the suffering organism we must remove it in like manner—that is, by and through the potency of medicine. We may be wanting in knowledge, but we are not wanting in law or principle. We may lack knowledge or thorough conception of these

principles governing disease and cure, but we are not lacking in the resources of power.

A recognition of the results of the dynamic action of the life force is one of the points of departure of homœopathy from the old school. Then, having the previous reasoning in our mind, we at once look for cause, and the cause is found only in the miasmatic phenomena.

But to return again to our study of abnormal growths after this philosophical discussion of the subject, we will now consider the manner in which such growths are formed. In the first place we must all admit that no abnormal growth can be formed without it be the work of the life force. We will further admit that a normal or healthy life force *could* not and *does* not construct one, as it has no power, outside of its normal physiologic action. Then how was it formed? There are many ways by which the life force might be disturbed that would bring forth an abnormal growth, such as a suppression of a discharge, injury to a part, suppression of disease states, such as eruptive diseases, pain, ulcerations or any marked disease process. *Any stasis of disease or miasmatic suppression may produce an abnormal growth.* Even should it be an hereditary expression the law holds good, for all abnormal growths are *inhibitory* points or inhibitory centers, and an inhibitory center is usually a tertiary expression of a miasm, although in acute diseases it may be a secondary process. When a miasm is acting along certain lines, say in a chronic or subacute

state, producing simple external expressions, as papular eruptions, warts and such like, the system is through these simple mediums eliminating from itself all that is necessary of the effects of miasmatic poison. Should the unskilled physician who is not acquainted with this law governing miasmatics, suppress these conditions, some other eliminating avenues or points must be created, as the miasm is still in that organism with the same strength and power of action. *The same stress is there*, the same dynamis, therefore, when we suppress its manifestations do we simply change its nature? No, its action or its manner of working in the organism, and the same miasmatic force is directed along other lines and against other points or parts in that organism, which is along lines of heredity. New phenomena, therefore, or new symptomatology develop. The more profound the suppression the greater and deeper the new manifestation or new process. Each succeeding suppression involves more vital centers or organs, so that if we hit a single persistent symptom in disease we are like the Irishman at Donnybrook fair whose rule was to hit every head he saw. So the physician without this knowledge hits with some specific remedy, or some suppressive measure every inhibitory point that manifests itself, and in that way *he is constantly forcing every external manifestation of miasmatic action upon the organism itself*, thus cutting off all avenues of elimination of the disease whose true nature he does not understand. It is in this way abnormal

growths develop, or that any new disease process develops which is classified by pathologists as a new disease, independent, probably, of any former disease or state of the system

We will now admit that abnormal growths come by or through this process of compelling the life forces along certain lines, due to combating a part of the phenomena of disease and not taking into consideration the totality of the symptoms, we will now suppose that after we have done this thing we come to the true knowledge of disease and desire to undo the work we have performed. How shall we do it? There is but one way, and that is by taking carefully the present existing totality, which uncovers cause, and by taking carefully these new totality groupings in the order of their appearance we are led back to the primary simple miasmatic state and in the meantime we have removed pathology and uncovered cause, and, as we uncovered cause we removed all suffering and what is known as disease. In the first place, as we study this totality our knowledge of its grouping tells us to what miasm or miasms it belongs. And in this way we get at the basic principle of our abnormal growth. If we happen to be a physician of the old school our first anxiety is to know whether it (the growth) be of tubercular origin or not; knowing *that* greatly modifies our prognosis or possibility of a cure. And yet to know this does not lead us back fully to cause, as a tubercular process is not *prima causa*, for we know that certain miasms

originally produced this condition. So then, in order to get at the basic principles of a tubercular process we must investigate its miasmatic origin. But, you say, how do you know that a miasm is behind or at the root of all abnormal growths? We know, in the first place, that this subject received a careful study from Hahnemann himself for twelve years, and after the most earnest thought, careful analysis and experiments he saw that the miasm lay not only at the basis of abnormal growths but that they fathered all disease outside of chemical and mechanical irritation. In the second place, when the law of cure was applied, basing the prescription on the totality of the prominent and most dependent miasmatic symptoms, the abnormal growth no longer developed and immediately began to diminish and finally disappeared. This occurred when the highest potencies were given and when all chemical action was lost, or destroyed, in preparing the remedy by the process of potentization. Usually the local symptoms or the pathological phenomena were either not taken into consideration or were only given their due place in anamnesis of the case, that the tumor or abnormal growth lost its power to increase in size and began to diminish, and furthermore that the general health of the patient began to improve immediately with the arrest of the growth, was sufficient proof of the basic principle lying at the bottom of the disease had been reached, besides, no new disease process developed. On the other hand, when the growth was removed by surgi-

cal measures, it often either became recurrent, or some new development succeeded it, frequently of a nervous or mental nature, that was difficult to remove, if not incurable. So we see that this same physiological stress or functional perversion clearly demonstrated the presence of a something in the organism that maintained a ruling or governing influence over that life, and the removal of the tumor by surgical measures was simply the removal of this inhibitory center, this correlative point, which the life forces were compelled to set up, owing to some former interference or some deflection of its action by unscientific procedure, either by the patient himself or by the attendant physician. What further verification do we need to prove that the basic principle of disease is potential, than that of the removal of abnormal growths or any profound pathological condition by the highest potentials we employ and which are to be found in our remedies? The process of absorption taking place in any abnormal growth, under the law of similia, through the influence of a potency, is nothing more than a cessation of miasmatic action and the retrograde metamorphosis of the life force resuming its normal again, and as we analyze perverted life action as a whole it leads us back not only to cause but to a true conclusion of the unknown—it finds the secret power, the miasm, that is behind the perversion and which neutralizes its action and annuls its power over the organism

In looking upon disease from this standpoint we read-

ily see that reality underlies appearances as the law of similia unfolds the mystery of *pruna causa*, "and the disposition of cause is the disposition of miasmatic phenomena, and the true real is now seen to be the potential." It is also true that law unfolds like mysteries in the physical universe, as seen in Newton's discovery of gravitation by which the mystery of the great inhibitory forces and the complex movements of the planets were made known.

"The philosophy of today does not tear down, does not destroy, but constructs for us magnificent temples of truth where he can store and securely keep its archives." Our conception of cause is becoming more cosmic, more positive, more polar and less anthropomorphic. Being heirs to the files of ages we are able to compare, classify and to weigh in the balance of truth the many grand, though oft conflicting, theories of our forefathers, until today we have a new philosophy, discovered by Hahnemann, clothed with *dynamics*, it is not a mere Organon of scientific methods that are man-made, but a true synthesis of truth concerning the unknown. We have the requisite basis of a distinct science—one that is capable of a progressive development—which can not be ignored or set aside, one that is not amenable to the opinion or beliefs of men, because it is founded upon laws and principles which are unchangeable and invariable. The laws governing the life and disease corresponding to our therapeutic laws and thus altogether they work out in harmony, each having an agreement with another.

SUPPRESSION OF THE MIASMS.

Hahnemann, speaking of the treatment of psora in his *Chronic Diseases*, Vol. I, says "The older physicians were much more conscientious than modern doctors, they were much more enlightened observers. Their practice was based upon experience, which showed them that the removal of psoric eruption from the skin was followed by innumerable ailments and grievous maladies" However true this may be, today we have reason to believe that they saw in the psoric eruption an internal constitutional disease and attempted, in their weak and very imperfect way, to treat it constitutionally, and not locally. It is true that thousands of practitioners today recognize psora, and all the chronic miasms, for that matter, as internal constitutional affections. But, not knowing the methods which Hahnemann employed, or not being acquainted with a law of cure, they can not apply internal medicines in a way that will remove their effects from the organism, therefore, not knowing what else to do, they resort to expedients of all kinds, not as a matter of choice, but from that of necessity. The majority of men are honest in these things, and would gladly adopt our methods if they understood them, but they are so diverse and so different from the teachings of the scientists of today that in order to change their methods of treatment they would, to a great degree, have to abandon or cast aside their

present teachings and knowledge of physiology and pathology in general, even their conception of life, as well as therapeutics, must be changed. They would have to put a dynamic life force behind their physiology and abandon their theory of chemical action as governing the growth and repair of the organism, for Hahnemann's dynamic theory of both disease and life. Thus you see some of the reasons why men use expedients and all sorts of methods in the treatment of the sick. And what are they contending against? *Disease* they call it.

But the truth is, that against which they are contending has as yet no name in their nomenclature. It is true that secondary and tertiary expressions of that which they are really contending against have been given innumerable names and with them are coupled conditions without number. They have endeavored to tabulate and give a special name to each miasmatic expression present in the organism, but often the name itself is confusing and misleading; old names are retained such as *rheumatism* and many others we might mention which were conceived in ignorance and framed from a misconception not only of life, but of disease. New names are today coined with almost as poor a conception of their origin or their nature. Often the organ or part affected is coupled with changes that are apparent or which really take place in the circulation. Again the character of the lesion is coupled with the organ or affected part and thus the disease manifestation receives its permanent name; with this name

they are compelled to place a pathological or etiological explanation, in order that it may be understood. Again, their so-named diseases have their primary, secondary and tertiary expressions of values, even then we do not get at cause or do they reach back at the true etiology or the nature of the contending forces which have their habitat within. When these acute expressions pass by, they think that the disease has disappeared from the organization, save for the predisposition to a relapse or a return. You see such a state of things exist because men do not understand the *causus morbi*, the miasms, which are the true etiological factors in disease, which are to be studied carefully in order to understand the relationship to disease, whether functional or pathological. These multiple expressions of disease, known by certain specified names, are but the fruits of the miasmatic action and its power over function and over life. In our study of disease we may lose sight of the miasm itself for a time, as it becomes more or less latent in the organism or is presented in new forms and as new phenomena, but we can never lose sight of that force, that unknown quantity, which is constantly perverting the life and bringing changes in the organism, and although we may not recognize it as one of the chronic miasms, it nevertheless is, and if we bring the life forces under law we at the same time bring *it* under law, "that is the miasm." Now if we bring the life force under law we have brought *all* under law, and we can have no suppression. Should we, however, not

recognize either law, life force, or miasm, we are forced to go back to chemical medicine, and to our empiric measures, and the life force must suffer the consequences and become more and more deflected until pathological states and conditions arise without name and without number.

We can only understand the forces of nature by and through law, because law is the revelator of all things, as it is only through it that this unknown principle (the miasm) is clearly revealed to us with all its attending phenomena. It is also true that we can only see through law the mystery of a suppression, for suppression itself is a retrograde process or a deflection of law, or it is physiological law opposed. The physician who suppresses any miasmatic state, or disease process, if you wish, is an enemy of law, or at least there is no mutual understanding between him and law. We must first know that law rules not alone the visible things, but all invisible as well. It stops not at potency, but governs even that—yea, all the forces are subservient to law, and in disease there is no exception. You may ask the question, shall we under any consideration apply our therapeutics locally? No. I say most emphatically—*no*, as that is not according to any law of life, or disease for that matter. Why? Because both the life and the disease—(and you know disease is perverted life)—work from within outward, and from above downward, and not from without inward; even the very unit of life (the cell) works

from within outward or from its nucleus. The life is within, not without, the disease is within, not upon the surface. It is only an expression of it that you see. You can never see disease, any more than you can see the life itself. If it were possible for it to be visible it could not bond with the life force, and this fact is true in every expression and every phase of homœopathy; to withdraw from this is to withdraw from homœopathy, as thousands have done, leaving only the name behind them as a memorial, although that name is by no means represented in its true light "*Life*," says Hahnemann, "*is a vital principle, a self-moving force, a vital power which, if acting in harmony, preserves our bodies a harmonious whole, a disturbance of which is disease, a lack of which is death.*" Herbert Spencer says, "Life is a continuous adjustment of internal relations to external." It is by virtue of this fact we are entitled to be called alive. True, we are constantly adjusting ourselves to changes, so that any altered condition in our life force throws us out of correspondence. If we correspond not with a part, a part is affected, and, with the whole, the whole is affected. The adjustment is always imperfect in the presence of the miasm, and it is this imperfect adjustment with which we are constantly dealing. The external adjustment is imperfect only when the internal is imperfect. It is the internal, the life, that rules the organism. When it is perfect the organism is perfect, and when it is imperfect the organism is more or less imperfect. So, we

see that the life correspondence dwells in the law. If it is the internal, the life that rules, we can not assist it from without otherwise than by protecting it from its environments. Therapeutically speaking, then, we must enter into correspondence with it, we must deal with that which animates the organism and gives it its being, the life Nature is the complement of the life, but we must assist nature through its right channels and by the way of law. *Disease appears through the medium of the same law that governs life, and we must work with it along these lines.*

The miasm is the opposing force to the life force; *therefore, the forces we bring against it must be in true opposition to the miasm,* and not alone against the life itself or we disturb it more. It must go with the life and work through the life and be in co-operation with the life. Any other procedure endangers a suppression or a greater deflection of the perverted life force.

The life force often relieves itself from the possibility of a suppression due to our treatment by presenting the existing miasmatic action in some new form or by an external expression, for instance, in an eruptive disease, in a diarrhœa, in a neuralgia. I now recall a case wherein a uterine hemorrhage, suppressed by viburnum oppulus, was followed by a facial neuralgia. The secondary process, as we can readily see, was an indirect one, a forced process, and it must be equally as prominent a process as the former or it could not relieve or represent the

physiological stress. Thus the outward expression must relieve the inward expression. Death follows when these conditions are not equalized. And that is what is meant by equilibrium, which is the balancing of the effects of force or the effects of the miasm upon the perverted life force.

SOME OF THE WAYS IN WHICH A SUPPRESSION MAY TAKE PLACE.

Hahnemann in his *Chronic Diseases*, Vol. I, devotes seventeen or eighteen pages of that small work to the subject of suppression, wherein he gives special cases illustrating almost every form of suppression and the means whereby they are produced. He puts particular stress upon the suppression of skin eruptions, such as itch (scabies), tenia, eczema and other such eruptive diseases, out of which arise some of the most fatal results, or which may be the means of establishing new disease processes which are even more dangerous to life or are more difficult to eradicate. The most frequent methods used were local applications, such as itch ointments, salves, medicated lotions, mineral baths, applications of cold and heat, also the persistent use of crude drugs internally. The same author says that the removal of the local expression of the disease only gave the miasm an opportunity to become centralized upon some organ of the body and that

while the local expressions were removed the internal conditions were unchanged, and the internal disease increased in the progress of time. He recognized the local symptoms as secondary expressions, or vicarious expressions, of the internal disorder. He also noticed that the suffering of the organism was greatly relieved when the patient broke out with an eruption or when any external manifestations of disease presented themselves, whether they were skin eruptions, catarrhal discharges, diarrhoea, dysuria, hemorrhoids, abnormal growths or any other local manifestations. He further noticed that with these sufferings and attended with these comings and goings of the disease or these inward and outward miasmatic manifestations, the internal suffering either ceased entirely or was greatly relieved as the local expressions presented themselves, such as eruptions, perspirations, abscesses, discharges and so on. It was such expressions that enabled him to see the true nature and character of disease, which he followed to its bond with the life force itself and from which all disease emanated.

While the local methods of treating skin eruptions, ulcers and local lesions is still in vogue they are not so generally used at the present time as they have been heretofore. However, still more powerful agents are now in use which not only accomplish the same purpose but do it more effectively and with more certainty. A few of these I will mention, such as the actual cautery, so largely in use to destroy chancroid ulcerations and other ulcer-

ations where bacteria are supposed to be abundantly present. The X-ray is one of the more modern, and probably one of the most powerful, suppressive agents yet discovered. Under its prolonged application and use such fixed lesions as lupus, psoriasis, eczema and other kindred lesions have disappeared. And, strange to say, these removals have been palmed off upon the public and also upon the profession as *bona fide* cures, and that, too, before a reasonable time had elapsed to give any assurance of the fact. It is true that the X-ray will cure some of the above mentioned lesions, but it must be done according to the principles of homœopathy and according to the law of cure. A proving of this wonderful and yet almost unknown dynamic has been made from the sixth to the c^m. potency, and since its proving a number of cures have been made and recorded in our journals. The law of homœopathy is so broad and so sweeping that we do not have to go outside of its bounds or away from it one iota, for it is applicable to all diseases, states and conditions. So when any new thing is brought forth let us prove it as we always have done and catalogue it with our great therapeutic list and bring it under the banner of law.

No, we can not remove local or external expressions of disease by the use of the X-ray and call it a cure, as there is but one law of cure, that one promulgated by Hahnemann that disease is cured from within outward, and from above downward.

We have in skin diseases and all external manifestations of disease peripheral expressions through nerve transmission. It is taken up from within and transferred outwardly as a relief process. This is nature's provisional safety valve. This is as much a biological law and a physiological process as the elimination of the urine or sweat is a physiological process. When we suppress any local disease we overcome that process or we annul it, and we are then enemies of biologics or physiological law. This is the secret of all suppression—we have deflected, if not destroyed, nature's eliminative process, which is a life process, and have forced nature and its processes back upon itself. We must not lose sight of the fact that while we are dealing with disease we are dealing with life, "for all disease processes are perverted life processes," and all must be brought under the laws of life in order to restore that disturbed harmony. If we study closely we will see that it is the same law that governs all life. It is *biological law* governing, not chemistry, but biological dynamics. What do we see? Motion active—the keystone of all organized life; motion sensible and motion insensible, motion visible and invisible, motion voluntary and involuntary, giving us redistribution of matter and the external transposition of disease processes, and while not always visible, can in time be easily proven to exist by its change of arrangement that becomes clearly manifest. This is not chemical or mechanical, as some would have us believe, but life motion (plut,

some miasmatic force), living energy which is influenced by all motion or by external or internal influences. I say: "by external and internal influences," for the law that governs its absorption and the external transmission of disease is the law that governs all life.

As we rise in the scale of life and begin to deal with multicellular forms and biotic life as a whole, when organs and life processes are multiplied, then we get that multiplicity of phenomena which makes it the more difficult to analyze and harder to understand. We might illustrate this, in a way, by taking into account the child at puberty, when the reproductive processes are developing. Previous to this we had not this sphere to deal with, and if at all, only to a very slight degree. But now we have a very complex process that is subject to numberless changes and disease processes. So we see, as organs are added, the life process becomes more complete, therefore the disease processes are more numerous and complex. Again, as the miasms are multiplied the disease processes become still more complex and multiplied, so that the effects of a suppression is then more complex in its phenomena, therefore more dangerous to life. If we suppress psora we are aware of the profound changes which take place in that organism from a simple pruritis to pain, spasm, convulsions, coma, and death. But when we suppress a mixed miasm, like psora and sycosis, what can we expect? We certainly must expect multiple processes and fearful conditions to follow, for the character

of each subversive force, each miasm will be characterized and, to some degree, expressed in that organism. Here are two sin processes, the sin of disobedience and the sin of lust, both having their own peculiar lines of action in the organism, one along one line or against certain organs or tissues, while the other is against others. So it can readily be understood how necessary it is to be able to discern the presence of those latent miasms in the system, and we should deal with them according to the principles and science of homœopathy. If we deal with disease from any other standpoint, we can not give it the positive assistance we would like in each disease state and prevent all danger of suppression or deflexion of the miasms action. The suppressed action of a chronic miasm means much to the patient, to the family and to the race in general, for it not only weakens the race, but it means (as a rule) hereditary transmission of either that perverted state, or that deeper and more profound involvement, by these newly developed processes, coming out of such suppressions.

There is another point to be considered in our study of the suppression of the miasms and that is the resistive power of the life force. One person is gifted with more power than another; different persons resist to a greater or less degree the action of drugs. One patient is sensitive to a certain drug or remedy; another one is comparatively insensitive. A local application of a certain crude drug applied to certain eruptive diseases readily

dissipates it in one patient, while it has comparatively no effect upon another, and vice versa. This may be due to some idiosyncrasy in the patient or it may be due to some natural protective or resistive force in the organism. I have often noticed that when many crude drugs, now in use for the surpression of some local manifestation of disease, fail to accomplish the result, some other means has to be used to accomplish the work. Again, often when disease is suppressed, it will not remain so, but will be forever breaking forth, either in the same form and in the same locality, or in similar form and in different localities. In this way the life force largely protects itself against the inroads of this unscientific and incurative method of combating disease. Again the organism may be gifted with that inherent power to set up other local manifestations of miasmatic action, such as pain, neuralgia, rheumatism and such kindred diseases, which will largely take the place of primary eruptive diseases, and in that way prevent an internal miasmatic stasis. If we attempt to suppress the disease locally by local measures, in a patient with very little resistive force, or where the resistive power of the life force is below par, or where they have been under the effects for a long time of some mixed miasm, such as tuberculosis, the suppression is often an easy matter, but where we attempt to suppress disease in some strong, vigorous constitution the life force rebels and the contest becomes a marked one between the therapeutic agent and the life force. All the

principles of life governing the organism are principles of truth, and when any of them are interfered with nature rebels. This protective principle is an inherent principle in the organism and is governed by law, knows no other way of action, therefore is in opposition to any false methods or false processes that may be introduced.

The life force previous to the attempt at suppression was either eliminating, or endeavoring to eliminate all miasmatic products, or that produced by the disease process, which is in agreement with physiological law; it could do nothing else, for the good of the organism is dependent upon it, but the false physician, the violator of law comes in and opposes it, turning it about, and thus magnifies the disease process, by forcing a change of action, or some new process of disease upon the organism. In that way, not only is the disease changed, but the symptomatology is changed and as we attempt now to take the case, we get an imperfect picture of the true internal change due to the deflection, and besides only a part of the symptomatology is presented and that is in an imperfect light, and the rest is veiled or covered from our sight. Herein is the beginning often of malignancy as well as the turning point where disease is made incurable. This great truth can not be better illustrated than by giving a few cases to demonstrate the fact.

CASE I —Mrs B. age 32, was infected with syphilis soon after the birth of her child, it was a vicious form, the vaginal discharge being dark yellowish green

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and quite offensive, it was also corrosive and irritating. This was suppressed at an early stage by medicated douches and was followed for a short time by a period of good health, and this is where the deception often comes in that leads us to believe that we have done no harm, but if we will follow the history of every case we will see this is not true, two years later uterine displacement (retroflexion) with rectal adhesions (a marked subinvolution, and, by the way, this is the cause of the majority of our cases of subinvolution) things grew from bad to worse with a history of change of physicians and much suffering until cancer developed and death relieved her of her sufferings.

CASE 2—Mr. L, age 53. History of a tibial ulcer that he has been combating locally all his life with all kinds of ointments and local washes. Suddenly it healed under the use of a mercurial ointment and within a year interstitial Bright's disease developed which has gradually grown worse, and now he is a complete invalid.

CASE 3.—Alice B, age 24, suffered with hay fever every spring, suppressed by local treatment which was followed by a chronic bronchial cough, that has since proved incurable. But every physician can give us many instances of such cases that have come under his observation for treatment. If there, seemingly, proves to be an exception, it is only a matter of time and endurance, gifted to the organism. We then fail to see the connecting link between the first and last process of disease. A young

woman came to me about a year ago suffering with a cystic ovary, the trouble was of long standing and incurable by remedies and therefore was removed. She regained her health and for six months or during the summer was apparently well but as soon as the weather became cold she developed a severe case of pneumonia of the right lung. She was thin in flesh and in no way would you suspect pneumonia or any congestive disease, the miasms present were psora and sycosis, a combination that gives us marked congestions and local inflammations followed with a cystic degeneration or abscesses. The abscesses, however, are more painful than the tubercular or syphilitic and have very little pus as compared with the tubercular. The pus or expectoration is scanty and a dirty, brownish yellow, while the tubercular is thick, copious and yellowish, or yellowish green in the later stages. In sycotic diseases, rheumatism is usually present while the psoric is often accompanied with neuralgic pains. The subject of suppression is such an extensive one that books might be written on it, giving the numerous forms that present themselves for consideration. Of course the manifestations following suppression are usually in proportion to the stage of the existing miasms. If the miasm is suppressed in the acute stage we will, of course, get acute expressions, and if subacute, subacute expressions, and so on as the case may be. This is often found to be a cause of our many mistakes in diagnosis; we to a great degree lose sight of the miasm in

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this way as the phenomena differs so in the different stages, or is modified as it verges into the subacute and chronic forms, besides it becomes a mixed miasm as it recedes from the acute and as it blends with psora, it is here where psora and pseudo psora begin. Chronic miasmatic expressions of disease are known as latent miasms. Often we have but faint tracings of their action upon the organism, quite often functional, although it is not uncommon to find some one persistent symptom present, occasionally of an annoying or distressing nature. It may be limited to one symptom or condition, as is seen in the profuse perspiration about the head, of calcaria children. Again it may be pain, pruritis or some simple expression and located in any part of the organism, or found in any anatomical region, part or system, in the bones, muscles, lymphatics, circulatory system, again it may be found in moral or mental spheres. As a rule the symptoms of the miasm can not be long suppressed or forced into a perfect latent state, for sooner or later, the life force is bound to give us some expression of it, and that expression will depend of course upon the nature of the suppression, the stage of miasmatic action and the blending of the miasms. Occasionally we meet with some form of cachexia which develops, in time, into some well defined disease or pathological state or condition. We have seen cases in which the first sign of a suppression, or of a miasm being suppressed, was in a spasm, convulsions, epilepsy, or in some form of chorea, hysteria or

spasmodic disease of some kind or other. Asthma, one of the spasmodic diseases of the respiratory tract, is decidedly a disease induced by suppression, in fact it never comes from any other cause. I have given each case that has come before me a careful historical study and without any exception I could trace it back to where some suppressive measure had been used. Many of these cases were induced by quinine given in overdoses, or where the treatment was prolonged some time. I now recall one case that was due to suppression of an acute muscular rheumatism by quinine, given internally with local medication to the parts. Under treatment the asthma disappeared and the rheumatism returned. Another case, a very severe form of bronchial asthma (where the patient, a man of 40 years of age with a tubercular family history), came on soon after suppression of hemorrhoids (the itching and bleeding form, which are usually sycotic). The asthma disappeared in the first case under psonium c. m. and in the second case under the use of arsenicum c. m. In the second case the hemorrhoids returned before the disappearance of the asthma. In another, or third case, ague had been suppressed by powerful doses of quinine, also cured by arsenicum i. m. after having suffered from the disease for ten or twelve years. In that case the old chill returned, followed by high fever and sweating, which lasted for several days. He also had marked symptoms of arsenicum poisoning following the giving of the potency, which was

due to his taking Smith's specific, a patent medicine containing arsenic, that he had been in the habit of taking for years to palliate his difficult breathing. I recall still another case, that was of a nervous or hysterical nature, which came on from the suppression of hay fever due to local treatment, a woman forty years of age, a ballet singer, was confined to her bed for two years with nervous prostration and asthma, this was a severe form of asthma cured with a few doses of sabadilla. So sensitive was she to this remedy that I could not give her more than one dose of the c. m. potency, as each dose was followed with a severe numbness all over the body, copious perspiration, with a feeling about the heart as if she would surely die. The second and third dose was given her by strategy, but she nevertheless suffered more severely each time and was fully aware of the fact that the remedy had been given. No more was given, but the asthma soon disappeared and she has remained well ever since. Many cases of asthma in tubercular patients who came to me for treatment were induced by suppression of la grippe or bronchial cough induced by the use of cough mixtures. Tuberculosis develops in many of these cases or they become helpless invalids. There are three miasmatic conditions, which, as a rule, when suppressed, produce disastrous conditions, these are acute itch (scabieacris), gonorrhea in the first or second stage, and the malarial miasm often called intermittent fever. The first may give us any disease catalogued under psora.

and unless a secondary eruption should appear, such as eczema, etc., a stasis is sure to appear in some part of the organism, and which is often incurable, unless the eruptive disease can again be produced. A gonorrhoeal suppression in my experience usually results in one of three processes—a gleety discharge or catarrhal condition of some mucous surface, a localized, secondary inflammation of some form or other, such as metritis, salpingitis, appendicitis, or inflammation of the prostate, rectum or of some other organ. Not infrequently this form is manifest in congestion of the meninges, medulla or some other part of the brain, often inducing many aberrations of the mind, such as acute or subacute mania, even to true insanity.

Moral insanity is of such common occurrence after a suppression of gonorrhœa, that the most casual observer can not fail to notice it. It does not always make its appearance at once, as you might suppose, often months or years pass, before we see the bad effects of a suppression, this depends upon conditions already mentioned.

I now recall a case of a healthy man 51 years old who had never been ill in his life until he contracted this disease. He was treated locally throughout the whole course of his treatment, still there remained a gleety discharge often with a marked irritation of the bladder and other annoying symptoms. At the age of 58, the gleety discharge was suppressed by local medication, while in a short time, his memory began to fail, forgetting trifling

things at first and later on greater things, until finally discharged from his employment. It was not long until he was confined to his home, where he has been closely watched for years by his family, owing to his insanity, which quickly developed. This is one of many cases that fill our insane hospitals and places of detention for these people. They are simply judged insane, and the cruel hand of the law takes hold of them, and many of them perish from that brain stasis, due to the suppression, or live for years that lamentable life of one who has lost his reason.

In this treatment no thought is given to the probability of suppression, and often no research is made as to the history of their secondary disease. Indeed, cause if of no value to those who have not studied the history of the suppression of the disease or who are in the habit of giving brain sedatives to modify or quiet the mental phenomena.

The true physician and the true scientist will look deeper into the cause of the mental phenomena, for he knows that the royal centers of life are not disturbed by any trifling cause. No, it is only when some profound disturbances takes place in the life force itself. Generally a brain stasis is the last thing to appear, and yet it is about the great center, the brain, that all eruptive diseases (examthematous especially) evolve, such as measles, scarlet fever, syphilis. And why not? Because a principle of biologics, a principle of physiology is involved in

it, for from the great centers of life are evolved the great and profound expressions of life, therefore as disease is disturbed life force, it, too, is evolved from the great centers of the living organism. Then shall we turn back by false methods these forces upon themselves, so that they may correlate themselves upon the central organs—that they may destroy or disturb them more profoundly? We must not look to organs or to special localities for the cause of disease any more than we must look to pathology for cause, for cause is a deeper thing, a constitutional thing, a something co-operative with life, and from the fact that it does co-operate with life it gives us the phenomena of that co-operation, which is disease phenomena in all its shadings and in all its multiplicity of signs and symptoms. The dynamic must be looked for, no matter how it may manifest itself at any point or organ. We must not only look for it but we must study its nature and character and know its internal workings, its plan of attack and its developments and modes of action.

The last or third form of suppression mentioned, the malarial, is none the less important, although not met with so frequently as many others, yet we find that in the past it was frequently met with in all its grave forms and manifestations. It can not be overlooked by any practitioner who has had any experience in its treatment. The organism usually effected by this acute miasm (the malarial), is the psoric or pseudo-psoric, the latter more

frequently, that is, we find the tubercular element often manifesting itself soon after the system becomes infected with this subtle poison. It matters not how this poison known as malaria, is propagated, whether it be by or through the old supposed process of heat, moisture and vegetable decay or whether it be that of more modern thought, insect bites or stings, we care not, the results are the same, whether it manifests itself in the usual phenomena of chills, fever and sweat, or in that peculiar and profound cachexia common to this poison. A suppression of this condition in its treatment by quinine, arsenic, or in the use of other similar suppressive means, often brings forth disastrous results, profound organic changes, and in the end death processes, even to the destruction of the life itself. No more unscientific thing could be performed, no more unjust or unprofessional act could be thought of from a therapeutic standpoint, than the producing of a stasis of this profoundly acting, acute miasmatic poison, that has blended and bonded itself with psora or pseudo-psora, giving us a disease producing element that is probably unequalled in our study of any sick-making process (nosansis). Some of the developments of suppressed malaria are asthma, chronic headaches, chronic liver and splenic difficulties, tubercular developments, bronchial coughs. Insanity, so frequently met with in farming communities, often has its origin in suppressed malaria of some form. Take it along river bottoms of such rivers as the Wabash, Ohio, Mississippi, and we find

many of the chronic diseases that are not sycotic or syphilitic, depending on either suppressed itch or a suppressed malarial poison. How frequently we have seen the tubercular dyscrasia, especially in young girls, develop soon after a malarial suppression, first the liver becomes involved, or the spleen, or both together, then we see that peculiar ashy complexion begin to show itself as the dyscrasia develops. Finally the tubercular element itself soon appears, and in a short period of time it has developed into a true case of tuberculosis.

Much could be written along this line of thought, and many revelations of the facts be made if space would permit, but we must take up other subjects, not less important to this work. Should you wish to get a clear revelation of these things, you can only get it by close study of similar suppressions. Hahnemann said "that without a knowledge of that *threefold origin* and the *homœopathic remedies*, the successful treatment of chronic diseases is absolutely impossible." In the threefold origin, he means the three chronic miasms, *psora*, *syphilis* and *sycosis*, as they are the first cause in every case of disease, all other processes or means of disturbance in the life force, is secondary.

A few cases of suppressed malaria, given in brief, will not be out of place here and will serve as an illustration of the facts herein stated.

CASE I.—Mr. John B., age 42, light brown hair, fair complexion, lymphatic temperament, contracted malaria

in 1889 and was treated more or less for a year with quinine in large doses. He was suffering from the effects of that drug in many ways, when he came to me for help, indeed he was having a marked proving of its toxic effects upon his whole organism. He came to me in 1890 suffering from Bright's disease; he had a constant pain in the back, thirst, prostration and frequent urination. From these and other symptoms of kidney trouble, I made a careful urinary test and the test revealed Bright's disease of the right kidney. I put him on a suitable diet and gave him *arsenicum* 200, which relieved many of his symptoms. This was followed by *silica* c m, which cured the case in less than one year. This was twelve years ago. There has been no return of the disease. The pain in back and region of kidneys came soon after the suppression of the chills by quinine

CASE 2—Mrs Ella Herman, age 32, mother of three children, the oldest 13 years, the youngest 7. The history of her case is as follows. Always well, never employed a physician until at the birth of her children. She contracted syctic gonorrhea from her husband five years ago, suffered with pelvic inflammation and pelvic abscesses until she was compelled to have the uterus and its appendages removed. She made a good recovery from the operation, but soon after developed a severe form of nasal catarrh, large accumulations of pus, yellowish green in color and of a lumpy consistency, would form at night in the posterior nares. I gave her a number of remedies

without any effect whatever. I was then treating her by correspondence. Some time later, however, I advised her to come to the city and see me, as she lived about one hundred miles away. On a careful analysis of her case the following symptoms were noted. Symptoms and feeling always changing, no two days alike, dreads cold weather, better by warmth in general. Before the removal of the uterus her menses were very offensive, she was always better when the flow was on. She was low-spirited and despondent. I gave psorium c. m. and within a week a very decided leucorrheal discharge came on, which was attended with much burning and itching of the pudendum. At once the catarrhal symptoms disappeared and she quickly regained her health.

There are other conditions found in mixed miasms as well as in malaria, which bring forth even as dangerous results when suppressed, some of which might be mentioned here, they are such diseases as tinea sycosis, tinea tonsurans, tinea vesicular, verruca in its many forms, the eruptions of vaccination and some of the vegetable parasites, such as alopecia circumscripta, and others, all of which are sycotic. These skin diseases are sycopsoric, as they are a combination of both miasms, although partaking largely of the former or of the sycotic nature. Any of these above mentioned diseases, if suppressed, may bring forth almost any nameable disease or expression of disease action in either the physical, mental or moral spheres; thus a suppression of tinea sycosis or

barbæ, may give us subacute or chronic rheumatism of some form, throat affections, ring worm in different parts of the body, etc.

"Suppress," says Dr Burnett, of England, "any form of ringworm and there often follows it tubercular diseases," which lead him to think that ringworm was of a tubercular origin, but this is not so, for a careful study of these skin affections by one giving their time more fully up to the study of skin lesions, it will soon be clearly seen to what family they belong and to what miasmatic basis they depend upon. Of course, we often have to get at these things through the deductive method of reasoning, excluding them from syphilis, seeing that they have none of its characteristics and in the same way of psora. Again we can combine them with psora, by carefully noticing that they partake of the primary action of psora, such as pruritis and other peculiarities of psora. I have often noticed this in the treatment of gonorrhœa. After treating it for a week or longer with ~~anti-sycotic~~ anti-sycotic remedies, the psoric element would develop in the form of an intense itching about the sexual organs or in some portion of the penis, or psoric eruptions such as furuncle, psoric papules or pustules appear in different parts of the body without any apparent cause, and in patients who heretofore had shown no signs of active psora. Again psoric aggravations of time, or of heat, and cold, would appear. Sometimes psoric manifestations in other organs are found, as in the liver and stomach, that would lead us to

prescribe anti-psoric remedies which would complete the cure of the sycotic condition. Again, psoric lesions or expressions would vanish as sycotic lesions came to the surface. I now recall a case where sycotic moles, that dotted the body of a physician like polka dots on a piece of cotton, disappeared under the homœopathic remedy after an eczematous eruption made its appearance upon the left tibia. This sycotic form of skin trouble is very difficult to cure, as it is a tertiary expression of sycosis.

Hahnemann says that "in the study of the chronic miasms and their suppression, three things ought to be considered, ~~first~~, when the period of infection took place; second, when the whole organism is tainted; third, when external symptoms make their appearance." In the acute miasm, such as exanthematous eruptions of all kinds, as seen in scarlet fever or measles, or the eruptions of psora or syphilis in the chronic, the catarrhal discharge of sycosis. "The psoric infection," says Hahnemann, "is instantaneous." It is performed in a moment of time. No means can be employed to arrest this process of infection or contagion when it has come in contact with the blood flow or the nerve endings. While it is usually a material contact, it is not the material that infects; it is the dynamic; therefore how useless to cut out or to cauterize, to douche or to get at it in a material way. No, we must send a similar dynamic after it in the form of a potency, and by and through the way of law

A disease process must be set up in the infected organism before a local or constitutional disease manifests itself to the eye or senses of the observer. Why? Because it is the life force that is disturbed and the organism, by virtue of that disturbance, gives us a secondary or a tertiary process, a secondary or tertiary change in that life action from the normal standard of action. Often these secondary and tertiary processes are forced upon the organism, by virtue of the suppressing of the miasm. The suppressive measures do in a day or a week, or a month, what the natural disease process would take years to accomplish, and often, if left alone, would never take place. For instance, a gleet^y gonorrheal discharge has been known to have existed for years, with no bad effect whatever to the patient, but which, when suppressed by operative measures, or the use of strong medicated lotions, produced a stasis to internal organs, and death in a short period of time. This I have often noticed when itch was suppressed, only a year ago a boy of six years was effected with itch, which was suppressed with sulphur ointment, and was followed in a few days with convulsions, which ceased only when sulphur was antidoted, and the itch broke forth on the body again in a modified form. If syphilis suppressed in the primary stage develops a cachexia and tertiary as well as secondary symptoms, when there should only be secondary manifestations, we know, that it was a forced process, and that that process was hastened as well as magnified by

the suppressive measures. The regular school was forced to cease their method of cauterizing the hard chancre, on account of the fearful secondary processes that developed. They found that the secondary symptoms were less severe when the initial lesion was not interfered with and the tertiary stage was not so liable to develop, and they were less severe when the primary syphilis was treated constitutionally. What is true of the syphilitic process is true of all processes, they all came under the same nosantic law, all under the same perverted physiological process, there is no difference. Probably fifty per cent of all so-called cures are nothing more or less than suppressions of some form, or some deflection of the disease processes, and arrest of elimination in some part of the organisms, and a closure of the sluice-gates of relief to a diseased body. We so often find that through suppression, the internal disease is formed, and the external expression of disease (the pathological) is the natural evolution of miasmatic action; which is from above downward and from within outward, and the unnatural procedure is to hinder or arrest that process; in fact, it is an arrest of this process that constitutes a suppression or a stasis to organs or localities that were sound and well, ~~before~~ before this backward movement of the disease took place, by these false methods of cure they soon become diseased and often show marked destructive processes within a very short period of time. When we think we have checked the process of an external disease

which is a manifestation of an internal one, by local measures, we are greatly mistaken, for there really is no such a thing as an external disease, it is all the peculiar workings of an internal dynamis. The internal disease for a time becomes more latent or slows up, as it were, in its action for a time, but it soon assumes its former mode of action, though often changed in its direction and vibration. For a long period of time it is silently gathering strength in some other direction or preparing to undermine in new localities, and unobservently instilling itself into the innermost centers of life. Hahnemann compares the suppression of pain or acute disease, to the poor man, who to get rid of his poverty stole a large sum of money and in place of *obtaining* real wealth, he "goes to the dungeon or prison" Such chances and such procedures must be paid back in the same coin. "*Sin is the transgression of the law*" and the "*wages of sin is death.*" *So any transgression of a physiological or therapeutic law brings forth a death process*, and its wages is more disease and deeper laid plans of destruction. There is no escape from the miasms' action or workings, but through the recognition of law. If we do not recognize law in all things, we are compelled to suffer from the results of no law, and that is therapeutic anarchy, for that is what no law leads to.

Those who have not studied the miasms, especially *psora*, are often ignorant of its presence in the organism. Therefore, when some new process develops, such as

an eruptive disease, pain, or whatever it may be, they do not know to what to attribute it, so they endeavor to satisfy the curiosity of the patient by telling him that the new diseases have arisen, owing to the presence of bad humors in the blood. In a crude sense this is true, but the question arises, what are the humors? Where did they come from? Give us their origin and their history. Are not all humors the result of miasmatic action? Did anything else ever father a humor but a miasm? Could anything else create or form a humor? Why, of course not, humors are either syphilitic, psoric or sycotic, or a combine of two or more of these. We see clearly defined syphilitic humors or any one of the miasms. We see the tubercular humor in these patients who have an ancient history of psora and syphilis, humors enough in some of them to make us think, or reason out the cause for the sake of the existence of the human family. Often after an acute fever or some severe form of lagrippe, some eruptive disease, like eczema, arises and we are at a loss to know where it came from, but if we will but look back into the history of the patient, we will discover psora or some other miasm which was latent, but by the new acute process was aroused, which explains all and makes plain the whole matter. *It also gives us such knowledge as to enable us to begin a plan of treatment in that patient which will, in the end, remove that which is behind humors.* The humors of the body as recognized by our ancient medical fathers were blood, black bile and

phlegm. Yet foolish as seems this conception to us, it was about as clear as far as cause is concerned as many of us see today. Many of us have no better principle to work from.

It is our lack of knowledge of this latent or quiescent state that a miasm assumes in any organism that produces those multiple and mysterious processes known as Pathology, that deceive us. It is often very difficult to see the connecting link between the two or to trace out the lineage from one disease state to another. How short-sighted we are, these latent disease processes are slowly developing day by day, but we do not see the markings or tracings of perhaps psora or some other miasm all the way along. Here is a case of epilepsy, with no apparent cause, coming on in a boy at puberty. Why should this be? Look carefully and you will see a psoric or tubercular diathesis. Again here is a case of hysteria in a girl of twenty years. She is well developed and to all appearances healthy, but at each menstrual period she suffers in a way that is almost beyond description, violent dysmenorrhœa, extreme pain, spasms, mania with great mental agitation, dysentery and very strange symptoms, and what is the history of such a case? Tubercular, of course, an aunt and an uncle on the father's side died of that disease. It is only a mixed miasm that could give us such a combination of phenomena. Suppose we look over her latent miasmatic symptoms. She has light brown hair that is dry and lusterless,

the dental arch is imperfect, the teeth club shaped and irregular, the incisors still show a slight serration, the face is pale, but becomes flushed easily from the least excitement, the eye-lashes are irregular and some of them are imperfectly curved, others stubby and broken, the edges of the lids scaly and red, the hands and feet are cold and clammy, the nails thin and imperfect, split or break easily. All of the above are tubercular or pseudo-psoric symptoms, her physical endurance is quite limited and she is forever complaining that she is tired, she has a history of suppressed menses from getting wet in a rainstorm, and all her sufferings have arisen since that time. She has been treated in both this country and also in Europe, but with only temporary relief. What are we to do in a case like this where so many have failed? Wherever climate is favorable to her she goes, to spots by the sea, to Europe, the mountains, all have failed. A careful analysis of her whole case revealed tuberculinum to be her remedy, which cured the case and she has remained well ever since. That was in 1896. Oh, how much there is in treating diseases from a miasmatic standpoint, which brings us at once down to bed rock, and in compliance with the law of cure. I feel that I have by no means covered the ground in my treatment of this subject, but space prevents my carrying it any farther, and yet it means so much to every honest hearted physician who has a desire to carry out the teachings of Hahnemann, in order to make perfect cures of the sick and not false cures;

for all know that suppression is not a cure, and that the result of suppression *is to throw back upon the inner life processes, that which the life has been ever pushing forward and outward to the surface, to the periphery, where it can keep it in abeyance and under its power.* Thus the inner centers are not in danger. The disease when thrown upon the surface not only frees the organism from that pathological stress, but it becomes quite accessible and amenable to treatment.

There is another form of suppression that has not yet been mentioned and it is probably as important for our contemplation as any yet considered, and that is the habit we have of suppressing certain symptoms that make their appearance from time to time, by the use of the homœopathic remedy. We become so over-anxious at times to please our patients and to carry out their requests, that we frequently prescribe remedies which will palliate or remove annoying symptoms; this we know is not in harmony with the law of cure or the teachings of Hahnemann.

The symptoms may appear either single or multiple, but quite often single. They may be any form or expression of disease or suffering and any part or organ may be affected. When these symptoms appear after the giving of a deep acting anti-miasmatic remedy, they should by no means be interfered with, as they are the reactionary workings of the life force, under the influence of the remedy that has been selected according to the

law, unless, of course, the sufferings of the patient demand it. Sometimes the reaction becomes violent, and we have such an acute expression of the miasm coming up, as pain, neuralgia, inflammatory processes, such as inflammation, erysipelas, coming as a regenerative process, and it is true of all such conditions. In that case we often have to interfere with the anti-miasmatic remedy, giving an intercurrent until the violent secondary expressions of the miasms subside, then, if the symptoms are similar when the organism resumes again its quiescent state, give the same anti-miasmatic remedy. The curative process is a retrograde process, a stepping backwards, a going over the old trodden paths of life. Just as soon as we give a remedy, there is immediately set up a reaction in that life force, and that reaction is the process of cure that takes place through the law of cure, which is known as Homœopathy. Therefore the secret of our success is not wholly in the selection of the similar remedy, but in carefully and intelligently watching the retrograde process or the reactionary action of the life force in its efforts to throw off the disease in its own peculiar way. Now if we get in the habit of striking at every new symptom the life force works to the surface, we will sooner or later turn the tide of life action the other way or in the direction of some internal organ or part and the eliminative processes of the organism will cease, and a destructive process at once begin its development within the inner organism. This is an important

part of the higher homœopathy, that we follow minutely the retrograde movements of the life force under the action or influence of similia, as long as it continues to act. When it ceases entirely, a new selection can be made, which will take up the miasm at that point and continue to neutralize its action upon that life and in the end drive every vestige and sign of its presence from the organism, and a perfect and complete cure is the result of our efforts.

PSORA.

We now come to the study of psora from the standpoint of its symptomatology, it is only through the study of its special phenomena that we become acquainted with its action in general upon the organism. We have seen by our general view of it as far as we have gone, that its array of symptoms is very complex and that it was most persistent and profound in its action upon the organism, no part of which was free from its inroads or from its ravages. Like a mighty octopus, it takes in everything, both the physical and the mental, and in many cases largely influencing the spiritual. There is no life process free from it. Every zone or center may be involved and, besides, it readily combines with any other miasm, bonding itself with it in such a way that it would seem almost at times impossible to separate them. Indeed, only through the power of similia can the separation be ac-

complished. No other power yet conceived of by man has been able to make this separation. Another peculiar phase of psora is its power to assume a latent condition or state peculiar to itself. Neither syphilis nor sycosis seem to have this faculty of hiding themselves away in the recesses, as it were, of the organism, in such a manner as to be for a time hidden from our vision, only to appear again in some unexpected quarter or at some unlooked-for time. If syphilis or if sycosis ever becomes latent, it will again appear as a psoric expression or in combination with psora. These facts, above, make psora our greatest enemy. Hahnemann has said that "if it was not for the presence of psora in the organism, the organism could not become affected by any other disease, not even syphilis or sycosis." It is the basic principle of all expressions of disease. It is the bond of acceptance, that induces the life force to receive disease. It is the gateway of reception, the doorway wherein disease entereth. Disease can enter in no other way. It is the insignia of disobedience and the sin processes, therefore all disease processes must partake of it, or they can not enter therein. Seldom do we find psora, now an acute disease; universally, it now appears as a latent disease, affecting nearly every organism in some manner. Physicians of ancient times had recognized the fact that eruptions, when suppressed, were followed by direct consequences, and neither their modes of treatment nor any power then known could arrest or stay these processes,

now known as internal disease. Conscientiously and faithfully they recorded their efforts and their failures to cure these multiple manifestations which we know to have been nothing more than *psora*.

Hahnemann spent many years in elucidating this subject, that we might know something of the mystery of psoric action upon the human organism. That wonderful image or picture which he gave to us has grown in its brightness as it has passed through the minds, and the experiences of such followers as Hering, Lippie, Wells, Fincke, C. H. Allen, Kent, and many others of his noted apostles and followers of the past and present. Many of his self-styled followers have drifted, not only away from his psoric theory, but away from the knowledge of the first principles of his law of cure.

Hahnemann was the first to classify *psora* as a chronic miasm and to give it the prominence it now holds as a disease-producing agent and as a parent or basic element of disease. Foster defines a miasm as a morbidic emanation which affects individuals directly and not through the medium of another individual. This we do not understand to be always a condition of *psora*, for Hahnemann says it may exist with or without an eruption, or anything save itching or pruritis.

It is quite evident that he found that far back in the early history of the human race, there had sprung up this *psora*, or this self-producing miasmatic disease known by its progressive order or successive groupings of

symptoms, and the apparent changing of its nature at each cycle of its appearance. This disease entity or ego, had through all ages presented itself in its multiple and varying forms, yet always with the same death-like grasp had held its countless victims. At one time it had presented itself in the form of a malignant itch, at another as a leprosy, again as "the plague," and so on through all time. To this disease *ego*, Hahnemann applied the name of *psora*. He discovered the law of *similia* in 1796 and published his *Organon* in 1810, but I believe it was not until 1827 that he made known to his followers that he had made a wonderful discovery, and it was then that his theory of chronic diseases was brought forth in which the doctrine of *psora* was inseparately and indissolubly incorporated. It was at this time that he discovered the true relationship between the *miasm*, *psora*, and all the subsequent sufferings of the patient. He arrived at this conclusion after years of constant study and thought, together with the repeated failures of the ordinary homœopathic remedies to cure the hosts of non-venereal diseases; that the non-venereal diseases having been repeatedly and apparently successfully removed, continued to reappear in some modified form of the disease, proved to Hahnemann that each presentation of the disease did not constitute the disease in *toto*, but was simply an overflowing or a reaction produced in the life force by the presence of the psoric taint. "This ostensible disease was a mere fragment of a much more deep-seated, primitive

evil, that had taken possession of the whole organism." This also was a positive proof to Hahnemann that we ought not to treat them as separate and completely developed maladies, that we find to be located in parts or portions of the body designated under special names known to our nomenclature, that like thunderstorms broke forth with violence, to be followed by calms, peace and temporary quiet at that point, only to break forth again at some other portion of the body. We ought not to expect to cure disease by assailing those points of the enemies' attack when we know that there is something within the whole organism which is at variance with the life in general. As we attack these salient points therapeutically, we only drive back the foe temporarily. It recovers itself and repeats its attacks upon the same part, and in a similar manner presents similar phenomena, or at times involves new parts and processes under the false guise of new phenomena. This was the true secret of the basic miasm *psora* revealed, and so the totality of the symptoms came to the mind of Hahnemann as the therapeutic triumph as healer of the sick, and the perfection of therapeutic law.

Hahnemann found records of *psora* among the ancient Greeks, Romans, Arabians, and among the children of Israel, who were infected in one or another manner. The people of the middle ages were not less diseased, and the dreadful continental plagues that swept all before them at different periods and from varying causes, such as

malignant syphilis, cholera, and leprosy, he attributes to the basic principle and far reaching miasm *psora*.

Studying psora from the light of our present day knowledge, just what conclusion are we to reach concerning the application of the true "*psora*"? It was a name that meant much to Hahnemann himself and to his earlier followers, and it means much to some of his followers of today, but to the rank and file of homœopathists it means nothing, as their lack of knowledge of its nature and character, gives it no significance. We believe, however, that the words conveyed a far broader meaning to the mind of Hahnemann and his early followers, than that it was not symbolic of *acarus* poisoning, as many of our friends would have us believe.

Hahnemann says, "at one time, the psoric eruptions which appeared after infection had taken place, was easily driven from the skin, by all sorts of lotions and contrivances." We believe from this that itch was not all there was to psora, but simply a form of or manifestation of psora, or in other language, itch was one of the "secondary" manifestations of psora. This we believe to be true; that it has no fixed formula or symptomatology, but is made manifest in multiple forms, and in countless, yea, endless phenomena, varying often with the age, sex, nationality, zone, climate and other circumstances of a numerous order. Often the milder forms were more dangerous to the people, as they were not protected or isolated from it, as in the more malignant types of leprosy

patients. The groupings of secondary ailments, that presented themselves after a suppression of the itch, was to him positive proof of the falsity of the treatment, as well as the ignorance of its true character among healers of the sick.

We do not understand, however, that the common itch of today is nearly as malignant as the itch mentioned by Hahnemann, although, perhaps, it still takes on largely the same nature and character, but in a modified form. We are not to understand that Hahnemann teaches us that all secondary or tertiary manifestations of disease are induced by suppressed itch. No, they are produced by suppressing *psora* or any of the basic miasms. *Nothing can be suppressed but the chronic miasms or that which is in combination with them*. They are the only things that have that persistent and perfect bond with the life force.

Our great mistake is in not studying disease as a whole, as Hahnemann has so frequently pointed out. This separating of every manifestation into pathological groupings or segments, and losing sight of its dynamic origin, as well as its greater consecutive nature and successive development, is a mistake. If we attempt to cure these many manifestations known by pathological names, with no regard or with no scientific desire to look into the spiritual *ego*, we are sure to fail. *How foolish it is for us to try to bind together the vagaries of the life force.* We must first know and understand that disease originates in the life force itself, before we can treat it from

the standpoint of Hahnemann's *psoric* theory. Disease does not originate in the life force or manifest itself through the life. Not because Hahnemann says so, but because when we stop to think, we know that everything in the universe of God is dynamic in its origin, and a dynamic law controls every vibration of matter, from the smallest atom upward. What we need is to look into the action of these laws, so that we may see the miasms in their true light. So long as we neglect this internal disease (miasm), so long we neglect to attack the vital disturber of the patient's health. If this is not done, we will be forever having these psoric upheavals to deal with, and in the end accomplish nothing permanent. Today the psoric miasm is, to a great degree, blended with sycosis, fully 80 per cent, we are told, have sycosis in some form, therefore catarrh is now the prevailing expression we meet. Dr. Lippe noticed this fact, and I believe he speaks of toothache and neuralgia being so prevalent in early days and that now catarrhal troubles were the most common manifestations of psora to be met with, and today, fully 80 per cent of them have in some degree the sycotic element present. But these miasmatic expressions of disease are ever changing, due to their multiple blendings, suppressions and unscientific methods of treatment, to say nothing of surgical and operative measures, intermarriages and hereditary transmission; all these tend to change the normal action of the life when the miasms are present and give us false or

diseased physiological expressions, which sooner or later present almost any disease, either local or general. Unless we know something of the action of these chronic miasms, *psora*, *syphilis* and *sycosis* in their different stages of action and also their latent conditions, we can not follow disease in all its changes and mysterious presentations, but a thorough knowledge of the miasms makes all clear to us and we are prepared to meet them at any stage on therapeutic grounds, for they are no longer wrapped in mystery. We should also know something of the diseases and complications that present themselves in each stage of miasmatic action, and in this way we are forewarned and we are always prepared to meet any emergency. A knowledge of suppression is another feature we must become familiar with. For instance, many cases of gonorrhœa are coming to us that are either suppressed fully or partially. Now we ought to know these symptoms that arise and are due to suppression. We get this by a study of all the symptoms of our patient, previous to taking treatment, and his present condition. Often a single symptom in the history of the case will call your attention to this fact. The patient may tell you that he has had a headache, backache or that he has felt badly since he began his treatment for gonorrhœa, or he has never had a well day since. You will find this in both sexes. Now the first thing to do is to re-establish that suppressed discharge, and the remedy based upon the

totality of the present symptoms will do just that thing. Be patient and wait for results, as a cure can come no other way. Of course, if sycosis has passed fully into the tertiary stage we can not as a rule re-establish the discharge, although we may be able to bring forth a warty eruption upon the skin, either locally or general.

DISEASE STATES.

There are many conditions to be found affecting the organisms, that we recognize as disease states of the system, which are due to the action of psora or its combination with other miasms. We have in the beginning of this work called your attention to these states, which are designated under the terms diathesis, dyscrasia, cachexia and idiosyncrasy, scrofula, struma and such states of the blood. These conditions have, strictly speaking, some degree of difference from each other, yet they all depend on similar causes. The difference is often only in the different proportion in which other miasms are combined with psora. Usually the tubercular taint is present and not infrequently the sycotic element is also present. In a study of the word cachexia, we will find it means a depraved condition of the system, and what is true of this word is also true of the others, they all express depravity in the organism and that which induces the depravity lies in that inherent power of the existing miasm,

to produce such changes in the organism. Indeed, it is the miasm that induces all these chronic, depraved states of the system. A diathesis may always have been present although it of course can be acquired, but it has within it that which at any time or period of life may induce a cachexia. Again we are told that a dyscrasia is a morbid state of the system, but that explains nothing or gives us no cause or reason for its presence; indeed, these names are so closely allied to each other that they mean the same thing, or modifications of it, they are simply degrees of miasmatic action going on in the organism for years, often from the birth of the individual. Even for generations these miasms have been doing their dreadful disintegrative work in the organism; like the fires that devastate a mine, slowly they are eating away, and gnawing at the vital forces of our being, and these expressions, cachexia, dyscrasia, diathesis, and idiosyncrasy, are but pictures of the ruinous workings of their presence in their organism.

IDIOSYNCRASY.

This is a well-known state of the body or mind; in fact, we may have either a physical, mental or moral idiosyncrasy. It may enter into the desires, hopes, fears, cravings, longings, moods, and manners of life, or in any expression of life. It may show itself in any one or more of

the faculties of the brain. For instance, we may see it in caution, he is extremely cautious, painfully so; or a patient may be over sensitive to the presence of odors, flowers, perfumes, gases, to light, noises, colors, animals, birds—that is, they faint easily when roses or violets are brought into the room, when they are ill they can not endure a bright light, sunlight, or, may be, certain artificial lights, as lamp light or an electric light. Certain shades or colors are intolerant to them. They can not endure the presence of certain animals, as cats, dogs, and other animals. Often these peculiarities are a constant factor, again, they may be only temporary, as one often witnesses during pregnancy, about or during puberty or in earlier childhood. Frequently these patients are born with these abnormal conditions, or they make their appearance during certain sicknesses, such as prolonged fevers, gastrointestinal diseases, in fact during any prolonged illness independent of pregnancy. We see it in the craving for salt. This I have frequently seen to be present in whole families from a remote date. These children not only desire an excess of salt in their food, but they will steal it from the cupboard or table and partake of excessive quantities of the crude article. You will find this in patients who have a tubercular diathesis or a latent syphilitic taint. They do not assimilate a sufficient amount of sodium chloride, for some reason, and when suffering from tuberculosis in an active state, they eliminate little, if any, in the urine. I believe Professor Vaughan, of the

University of Michigan, speaks of this fact in his work on urinary analysis.

There are many ways in which idiosyncrasy is manifest in the organism besides those already stated. One person may be affected by a certain agent, another by some other. Certain kinds of foods or drinks affect one person and not another. We see this in the production of skin eruptions, as in urticaria after the eating of sea food, shell fish, or from eating certain vegetables or fruits, strawberries, asparagus, oatmeal; also animal products, as certain kinds of meats. Honey frequently disturbs the kidneys or the whole urinary tract. Again we see it clearly manifest in people who travel. They have nausea or vertigo while riding in a carriage or in a ship by sea. Others are affected by the approach of a storm, by the sudden fall of the barometer (as seen in sycotic or syphilitic patients), the wind blowing from certain points of the compass. They suffer from neuralgia, rheumatism, gouty conditions, depression of spirit, moody conditions arise, mental states are made manifest, even to temporary aberrations of the mind. One patient craves fresh air and must have the doors and windows open. And another desires warmth, so much so that the slightest draught causes suffering. Patients have been rendered unconscious by an approaching thunderstorm when suffering from prosopalgia or some other severe neuralgic or rheumatic pain. Certain kinds of foods or drinks have produced spasms, convulsions, gastric fevers, nausea,

vomiting, and were repeated when such foods or drinks were given unknown to these patients. The idiosyncrasy seemed to be an inherent concomitant of the very life. Often what are known as aggravations and ameliorations are due to idiosyncrasies. Patients suffering from idiosyncrasy can not be said to be healthy human beings. They need antimiasmatic treatment, they need the similia that in their particular case removes or separates psora or the tubercular element, or whatever may lie behind the idiosyncrasy. Idiosyncrasy is, in a sense, a bad habit of the organism or the mind. We see these mental or physical peculiarities cropping out more particularly in the earlier years of life, that of childhood, and adolescence, when the organism is developing, as in the growing boy or girl. Often we see some process become tardy or completely arrested, as in the non-assimilation of bone making material, as is well known in hydrogenoid constitutions, seen in the proving of Calc. c., Calc.-phos. Sil., the limes, the phosphates, the silicates are not being furnished for the making of bone, and as a result there is a longing for such materials which the organism requires, and the patient is not satisfied until that physiological process is restored through the process of similia. We see it again, quite noticeable, in pregnant states, as the new physiological process is established in the productive function, which often disturbs these patients, even to the profoundest centers of life. Strange wishes, desires, longings, take possession of them. They desire or

crave strange articles of food, such as salt, pickles, sweets, starches, acids, raw or uncooked foods and grains, such as wheat, barley, rice; undigestible things, such as charcoal, earth, the limes. Again these perverted appetites may call for spices, such as cloves, nutmegs, mustard, peppers, etc., or they may desire wines, beers, or stronger beverages. In fact, we may have any perversion of taste or desire. They long for travel, sight seeing, visiting, and they can not be kept at home. Sometimes the sight of the sea or any considerable body of water satisfies them. Again they prefer solitude, to be alone, to be quiet. Music may solace them for a time, or it may make them sad. Often, however, nothing seems to satisfy or please, and their lives are made miserable. Their likes and dislikes become magnified and often exaggerated, all due to the looming up of some latent miasm, latent until the new or reproductive function began to manifest itself fully within the organism, when an extra demand is made upon the life force, upon the circulation, upon the nerve supply. In many ways this new process, or new function, draws from resources already taxed, perhaps, to their limit, in a weakened organism where it has been sapped for a whole lifetime by some deep-acting miasm, such as produces the tubercular element. It is then that dycrasias crop out, predispositions become manifest and idiosyncrasies show themselves in their fullest sense.

PREDISPOSITION.

Another condition fully recognized, I think, by the majority of homœopaths, as well as many in other schools, and closely related to idiosyncrasy, is *predisposition*. They are so closely allied to each other that we can scarcely separate them—the one becomes the prefix, very often, of the other. To be predisposed to a thing is to have a weakness in that direction before hand, or, in other words, we have within us a sort of attribute (perverted, of course) or weakness that predisposes us to certain diseases or conditions of life. We might just here associate these two conditions mentioned, *idiosyncrasy* and *predisposition*, with another condition which, in the past few years, has grown into prominence with some of our modern teachers of therapeutics, and that is *temperament*. Temperament can not well be left out of any case in making up our *anamnesis*, for as we study temperament closely we see that peculiar temperament is predisposed to certain forms of disease. In this we see a fixed law, or principle, involved. As an illustration of this we might take for example the bilious temperament so characteristic of a *nux vomica* patient. We know, with a positive certainty, the diseases to which he is predisposed. Are they not hepatic, gastro-intestinal, directly or indirectly, the result of an abuse or excesses peculiar to his mental makeup, and moral weakness, peculiar to himself?

It is a difficult matter to say just where idiosyncrasy ends and predisposition begins. Quite often they are so intimately associated that we can not separate them, or they commingle and become a complement of each other. The removal of one is very apt to cause the disappearance of the other. For instance, a patient may be predisposed to orbital neuralgia, who has an intense craving for salt, the removal of which may take away the predisposition to the orbital pain and the desire for salt. The same may be said of gastritis. This we have often seen to disappear by a high potency of nat. mur.

Those patients who are so sensitively predisposed to every disease that comes along, that is, of a contagious nature, are usually of the tubercular type, or the miasm, psora, and syphilis (latent) is firmly implanted in that organism. Psora alone seldom predisposes us to any severe excesses or extremes in anything; but the combination of psora and syphilis, which is the parent of the tubercular diathesis, gives us all kinds of excesses. These patients are either too large or too small, too thin or too fleshy, too tall or too short; they develop too slowly or too fast, they are mentally too dull or too bright; the teeth come slowly, are painful, and at long intervals, or they come in groups of half a dozen or more at a time, with spasm or convulsions often, or with febrile states, gastric disturbances, etc. These children are predisposed, of course, to all (if in a marked case) the sequences due to the combination of these two elements, syphilis and

psora, which is one of the most destructive of all the miasmatic bonds with the life force.

Occasionally we see a patient who is not predisposed to natural disease states, but who is extremely sensitive and predisposed to artificial diseases, such as plant poisons, of which the rhus family is a fair example. Many cases have come to the writer almost blind from the effects of rhus tox. poisoning; with face and hands presenting that erysipelatous inflammation peculiar to that poison. The first thing these sufferers will tell you is that they are supersensitive to its influence, so much so that it might be called an idiosyncrasy. Thus we often have an idiosyncrasy behind the predisposition which intensifies the action of the poison. We know by experience and from careful observation of the history of a great number of cases that neither the idiosyncratic nor the predisposed patients are healthy human beings, by any means; all of them have either a deep psoric or some miasmatic taint from which these conditions arise, and that some special cause lies behind the effect, can be plainly seen. However latent these miasms may appear to be in the organism, we can always point quite directly to their presence by idiosyncrasy, or through predisposition. Here is an apparently healthy child, say of the age of nine years; she has many of the appearances of health and strength, but she is predisposed to every acute disease of a contagious or infectious nature that comes along, and within a few

years she has gone through the whole catalogue of children's diseases which, if properly treated by the single homœopathic remedy, comes forth free from any sequelæ, and the general system is renovated greatly of its existing miasm; but, if improperly treated, we may have any chronic miasmatic stasis which either remains with it permanently, or in time destroys the life.

It is right here that we would impress upon the mind of the practitioner this important fact, that we must have a wider knowledge of these latent miasms, in order that we may know when and how to select a deep-acting miasmatic remedy that will not only remove idiosyncrasy and predisposition, but cut short all of the history above presented with its sufferings, and dangers to the young life. As a rule, many of us only scratch upon the surface of this miasmatic soil, removing a few of the weeds of disease, when we ought to be preparing the soil so that it will bring forth only the fruit of health and strength, and magnify life and perpetuate youth. Idiosyncrasy and predisposition are the offspring of our failures to do this thing. Many times we do give the true antimiasmatic remedy according to the law of similia, but we give the potency too low to get the full breadth and depth of its action, and while it may abort the existing acute disease, it leaves, as a rule, the deeper pre-existing miasmatic symptoms; therefore, the predisposition and idiosyncrasy are still there to threaten the patient with new disorders at every new cycle and turn of life, while

the highest potency could have removed or taken away all the phenomena that disturb that life. This is a great truth that can be substantiated by every physician who has given it a fair trial or who generally brings it into his practice.

An idiosyncrasy or a predisposition is then, as we have seen, a bad habit, an inhibital condition formed in a life force, that has been under the promptings of some subversive force for years, yea, often through generations, of miasmatic action and the changes that are common to its subversion. We often see the effects of predisposition in climatic influences, as in malarial districts, removed by the potentized remedy that cures the chills, never to return, although the patients may remain in the same location and under the same miasmatic influences and climatic conditions, simply because some anti-miasmatic remedy was given that either modified or removed the effects of the chronic miasm to which, not only the predisposition was due, but that which the acute (malaria) disturbed.

This phase of physiological perversion may be carried into the moral sphere, as we see manifested in the desire to steal, to the use of alcoholic or other stimulants, tobacco, etc., to many phases of degeneracy which can be traced back, quite often, to some miasmatic taint, such as sycosis, or to syphilis, or to both. They may be born with just the right kind of toxic element in their systems that will prompt the mind and propel everything in that direction.

Sometimes we see this condition of things fall upon some one child or member of a family, and a long history of hereditary perversions is the result.

SCROFULA AND ITS MIASMATIC BASIS.

*The world has known thee and has known thee well,
Thy age, no mortal man can tell,
Father of death, and Mother of poor health,
The grave is but the store-house of thy wealth.*

We have from a remote period been taught that the miasmatic basis of scrofula was psoric in its origin, but I think we can readily see from what has already been said concerning the action of both psora and pseudo-psora that the disease scrofula owes its origin to that malignant combination of psora and syphilis. Indeed, from what we know from the study of these miasms, as far as we have gone, both individually and collectively, it is already apparent to us that from the complexity of phenomena of this disease (scrofula), it could not be wholly due to the action of psora, nor yet of syphilis, and while it partakes of many of the peculiarities and characteristics of psora, it has at the same time many of the more prominent features of syphilis.

We frequently use synonymously the words struma, scrofula and psora, we make no distinction whatever.

It is a disease, we say, arising from a psoric constitution, yet it is generally understood that in psora we have no involvement of the lymphatics, whatever, which is so characteristic of scrofula.

It is true that it has many features in common with psora, yet it has, in my estimation, a clear and unmistakable history of syphilis, which is a miasm the action of which is more specific than that of psora.

The development of the scrofulous diathesis is largely due, not only to syphilis and psora combined, but to the suppressive measures and crude drugging used in the treatment of syphilis in the Allopathic School. The truth of the matter is, that these gentlemen of the Allopathic School who so distinguish themselves for their knowledge of the pathology of the numerous, yea almost nameless conditions, which arise from and have their sole origin in the miasms are totally ignorant of the nature of this poison (syphilis), save its mere toxic effects upon the different tissues it is prone to attack. A few powerful doses of Mercury, or Iodide of Potassium, or some other equally powerful agent, and this miasm is buried forever from our vision.

Such is the history of the treatment of the dominant school. No wonder, after all these years, with such treatment and taking into consideration hereditary transmission, it is so changed in its nature and so defaced that we mistake it for psora. We fail to see the stamp of psora with that of syphilis, we do not see the fine blending

of these two powerful miasms; and while anti-psoric treatment does often cure or modify the disease, it sometimes lets loose the reins of syphilis, as you have probably noticed. The cure of a number of cases of blepharitis with syphilum in scrofulous patients led me to think that scrofula does not depend on psora alone as a basis, as has been suggested by many leading authors, even of our own School, but principally upon syphilis or syphilis ingrafted upon a psoric basis. We might further prove the truth of this statement by comparative study of the two diseases, scrofula and syphilis. No close observer can have failed to have recognized their striking similarity. Both diseases in all stages concentrate their forces upon the glandular system and especially upon the lymphatics; both have the same tendency to ulceration and to puriform, decomposition of their exudations; also, both have the same preference to locate themselves upon the organs of special sense (showing a very marked anatomical relationship) in the form of an inflammation of the middle ear, of the eyes, conjunctive, ciliary apparatus, mucous membrane of the mouth, nose and lips, also in the osseous tissues

What other miasm would produce caries or destruction of the bones but syphilis? None. What miasm would produce rickets or softening of the bone anywhere in the bony structure but syphilis? Will psora do it? No. Will sycosis do it? No. Sycosis may produce gouty concretions, or amorphous deposits in the joints,

but it never produces changes as we find in the scrofulous patient. The periosteal inflammations and changes that take place in those scrofulous patients are very similar to those produced by syphilis. Last of all, that most sensitive and extensive organ of sense, the skin—in both diseases it often becomes the seat of very similar deposits, syphilides and scrofulides. Both are generally multiform or polymorphic in character and are usually free from itching, except where the psoric features are prone to predominate.

The eruptions or skin manifestations in both diseases may come in the form of nodules, papula, lichen, purigo, urticaria or hives.

Again in the involvement of the lymphatics, which is so characteristic of scrofula, we have as much if not more right to say that it partakes of syphilis as well as of psora, knowing that it so much resembles the syphilitic diathesis and has so many conditions in common with it. The primary action of syphilis is upon the lymphatic glands, that wonderful venis appendix, the great filtrator or renovator of the system.

As scrofula is the full-grown tree with all its luxuriant foliage, tuberculosis is the blossom, often the degenerative stage of scrofula. William Osler, in his pathological work, says "that scrofula is tubercle, and that the bacillus of Koch is the essential element." The virus which produces adenitis in scrofula produces in other parts tuberculosis. We know that whenever scrofula takes on a

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malignant nature, it usually ends in tuberculosis, either in the lungs or some other part of the body. In childhood it often assumes the form of *tubercles-mesenterica*, and in no form can a syphilitic history be more plainly traced out than in this. Again, we see it in those forms of specific anemia found in scrofulous patients, and which so frequently ends fatally, and is almost facsimile of syphilis in its worst form.

Pathologists will tell you that scrofula is a disease that often affects the bones, producing rickets, and to be found in children who have imperfect nutrition, who are badly nourished, but we know this is only the reasoning of a materialist.

What, except syphilis or tuberculosis, makes the patients poor in bone, poor in flesh and blood, poor in the organic elements that go to make up a healthy bone? What difference is there between scrofulous ulceration and a hereditary form of tertiary syphilis? None to speak of. Both have the tendency to decomposition and to the formation of tubercle. Scrofulous ophthalmia is only a modified form of syphilis: modified as I can imagine any form might be by mercurization, by suppression, by hereditary transmission, by the strong resistance of the life force, that one healthy parent might be endowed with, forcing it into a latent condition, probably for a generation and then suddenly aroused and fanned into flame by the intermarriage of some one of less resistance, or probably affected with some other miasm in a more active stage.

The more I study scrofula the more I see the stamp of syphilis on every feature of it, and to the practical eye of every true homœopath it never loses its identity. Look even unto the fourth generation and it is there, a standard bearer of sin, depravity is its companion, squalor and filth often its associates, although it is to be found everywhere—in the hovel, in the cottage, in the palace of the king.

BASIC SYMPTOMS OF PSORA.

THE RUBRICS.

Mind.—Mental activity, psora (dull syphilis), quick, active, psora (cross, irritable, sycosis), prostrated easily from mental exertion or impressions—heat of the whole body after mental impressions or exertions—
anxious, filled with forebodings—fear of death, or of illness or that their case is hopeless and incurable—mental depression—despondency—timidity, with sense of fatigue—vanishing of thoughts while reading or writing—can not control thoughts—at times seems to be deprived of thought—sadness, anxiety and dread of labor—great inward uneasiness and anxiousness—repeated attacks of fearfulness during the day (with pain or without)—oppression and anxiety on awakening up in the morning (at night, syphilis) when the weather changes (sycosis). In psora, when these restless mental spells come on they

are compelled to move about. In syphilis, it drives them out of bed, inducing symptoms of suicide. Psora is relieved by perspiration, syphilis aggravated by it. The mental anxiety of psora often makes its appearance about the new moon, or at the approach of the menses in women. Weeping often palliates these patients for a time. Dread of labor, of being alone, of the dark (dread of night, syphilis), sudden transition from cheerfulness to sadness, or to peevishness without any apparent cause. When we see these symptoms appearing frequently, we may take them as a sign of psora being disturbed, or the soon appearance of some outbreak of it, in some part of the organism. We have often observed this in severe forms of hysteria, the attacks would grow more frequent and more severe, previous to the development of tubercular disease. When they come frequently and severe, especially in young girls or young women under 25 years of age, you may be sure that there is a profound pseudopsoric disturbance, and that a prescription based upon the totality of the nervous symptoms will seldom do more than palliate the case. The least mental disturbance unbalances them, the nervous system becomes exhausted from their repeated attacks, when it is followed by tubercular manifestations, due to the lowering of the nervous forces in the organism. Melancholy, violent beating of the heart, anxiety and extreme nervousness often follow the awakening of psoric patients from sleep. Pulsations in different parts of the body is common in

these cases, feeling of constriction about different parts, especially at certain nerve centers, or points of reflex, arterial excitation, flashes of heat, organisms of blood, excited images, fear, etc.

Hahnemann, in a foot note in chronic diseases, says: "This kind of mental or moral disease, which originates from *psora*, does not seem to be sufficiently attended to. A certain feeling of insanity induces those patients to kill themselves, although they have no anxiety, no anxious thought, and seem to enjoy their full understanding." *Nothing can save them*, except the cure of this *psora*. Psoric patients are easily frightened, often by the most trifling causes, their fear often begins with trembling and shaking of the body, followed by great weakness and muscular prostration and often with copious perspiration. They may have chills or chilly sensations, fainting spells, headaches, nausea, vomiting and a host of symptoms follow attacks of fear, even to convulsions, epilepsy and spasms. They become dizzy or faint in a crowd, or when they meet strangers, or when any unusual ordeal is about to take place, they have headaches, faint spells, nausea, vomiting, or they are suddenly taken with diarrhea. They are easily bewildered, inclined to be irritable, cross (sullen, morose, syphilis), or sensitive to many impressions, such as odor of flowers, smell of cooking foods, to atmospheric changes, bad news, joy, or they are very easily disturbed mentally. How easily they fly into a passion, and yet in a moment again they weep and

are penitent. In their fits of anger, you will usually notice that they tremble in their rage, and when it is over they are greatly prostrated and often sick for a time. The true psoric patient is bright, active and quick in his movements. The latent syphilitic is dull, stupid, heavy and obstinate. The psoric patient is usually exalted, the syphilitic depressed, although when the psoric patient has the dumps, everybody knows it and can see it, while the syphilitic patient keeps it to himself, and the first thing you know he has committed suicide by jumping in the lake or river. The syphilitic patient does not worry his friends with his troubles much, he is a close-mouthed fellow, while the psoric patient is a constant annoyance to his or her friends; they are often in trouble, often found complaining, fault finding, unsatisfied, never well, and yet often quite able to locate their troubles. The psoric patient is a chronic complainer, a chronic grumbler, fault finder, never satisfied with his conditions in life, they are the abused ones, the neglected ones, and yet at the same time every one is doing all they can for them. They are anxious when ill, apprehensive, despondent, melancholy, sad, changeable in their moods (syphilis, fixed in their moods) Moodiness, where they are very changeable, is quite pathognomonic of psora.

Time goes too fast or too slow. The psoric patient is absent minded in a general way, but the sycotic patient is absent minded only in certain things, he forgets words, sentences and previous lines that he has just read—he

wonders how the simplest word is spelled—he has momentary loss of thought, or he loses the thread of his discourse frequently—he is constantly stopping to find it, which causes him to repeat. Often this is due to his inability to find the right word. In the delirium or mania of psora, there is no end to his words, words are multiplied and he has no trouble in finding them, his thoughts run so fast and words are so multiplied that he does not know what to do with them. This is just the reverse of the sycotic patient, who can not find words and if he does he is not certain if they are right. If he is writing he is not certain whether he is using the right words or he is in doubt about his spelling; he drops words or letters or uses the wrong ones. When he is giving his case to the Physician, he has difficulty in giving his symptoms, or he is afraid that he will not give them right, or that he will forget something. In speaking he is always afraid that he will forget something, or that he will use the wrong words. This is painful to him and causes him much annoyance and suffering. This is not so of psora; he may be so depressed that he can not speak, but when he is able to speak he is at no loss for words; in fact, they come to him in mental troubles faster than he can speak them. In reading or any mental effort, it is apt to produce pain in the head of a sycotic patient. Psoric patients, as has been said, are in severe or marked cases, sad, joyless, despairing, moody, downhearted, depressed, melancholy, and forboding evil. A recovery of their

health seems an impossible thing; they do not look for it, or have any hopes of it. This is especially true in patients suffering from suppression of any kind and it often does not disappear until the suppressed condition is re-established, when all will suddenly clear up.

Such is the power of suppression of one of the miasms over the mentality of the patient. See *Hahnemann's Chronic Diseases*, Vol. I, and from page 34 to 50, you will get some idea of the fearful ravages and profound action of a suppression upon the human organism. In psora we have mental delusions of all kinds, yet I doubt if they are so real under psora as they are under sycosis and syphilis. They are more apt to be temporary or flighty in psora, while in sycosis they are likely to be more fixed or permanent. Quite often you can reason a psoric patient out of his hallucinations or imaginations, but not so in the syphilitic or sycotic. There is a certain obstinacy of mind in a syphilitic, while in psora the mind is over-active and very acute. In the psoric diseases, the delirium and the action of these patients is often disgusting and they have more foolish fancies than they would have in true delirium.

In syphilis and sycosis, the reasoning powers are slow and they are constantly condemning self, while these symptoms may be present in psora, they are constant in a mixed miasm. The desire to kill or to destroy life is seldom a purely psoric mental symptom. The suicidal patients are, as a rule, the patients whose organisms are

tainted more or less with syphilis or sycosis. Often we find the syphilitic patient morose and mistrustful; there is also a desire to escape or to get away from self. This often drives them to suicide. If you will study the well-proven anti-syphilitic remedies, you will find that this destructive and suicidal element runs throughout their action. In sycosis they are as a rule always cross and irritable and disposed to fits of anger, recollection of recent events is difficult, while things long past are well remembered; this is quite a constant mental symptom of sycosis. In the syphilitic patient, his thoughts and ideas vanish away from him and he has not the mental ability to bring them back; he reads over and over again a verse or a few lines, but he can't retain it; in a moment it is gone from him; there seems to be a sort of mental paralysis, he even forgets what he was about to utter. Sometimes we see this so marked in tubercular children all through their school days, and often we attempt to whip them into line with other children whose minds are clear and strong and who have no such mental depression or devitalizing element in their organism. It is here we ought to say to ourselves, "Canst thou minister to a mind diseased?" and shall we not be very charitable with these children who have within their very life that which devitalizes and deteriorates their mental and physical powers. The syphilitic and sycotic patients are relieved of their mental stress and their mental disturbance, like psora, by some external expression of the disease, for

instance a leucorrhœa or a gonorrhœal or catarrhal discharge of any form returned, relieves a sycotic patient at once. Of course this is in the secondary stage, for in the tertiary stage he may be relieved by an eruption of warts, or by fibrous formations or growths of any kind. How frequently I have seen the mental symptoms, even those of acute mania, subside in a very brief space of time by a reproduction of the discharge in a sycotic patient or in a syphilitic patient by the breaking forth of an ulcer, or some old sore that had been healed over by some local nostrum. I have seen irrepressible anguish and extreme suffering from pain, due to inflammatory conditions, relieved in a few hours by a gonorrhœal flow or by the appearance of a syphilitic eruption; this is often the case, also in brain stasis in syphilis. How frequently we have seen fearful suffering in women at the menstrual period, before the flow makes its appearance. How often we have seen a severe neuralgia clear up in a moment, in tubercular patients, with a hemorrhage from the nose. She is happier when she has a leucorrhœa and vice versa, as we remember under the proving of *Murex*, which is a purely anti-sycotic remedy, like *Sepia*. Her pains, her aches, her sufferings, both mental and physical, alternate often with a vaginal discharge which eliminates the sycotic element from the organism. The headaches, the weariness, the confusion of mind and disposition clear up by the renewal of some catarrhal discharge that has been suppressed or

has been temporarily suspended. New feelings, new life and vigor comes with the moment of the establishment of the miasmatic elimination from the organism. We see a patient moaning with pain, or with fever, or in a delirium, and we give him a few drops of aconite or arsenicum and it ceases at once. Why? Because it has at once induced an elimination of that which was culminating within, which forced that condition upon that organism.

Our remedies only deal with miasms, not names of diseases. The law of similia is only co-operative with that which disturbs life, not the organism as a part, and we have learned that the miasms are the persistent disturbers of life. "The miasms are the maggots that are born within the brain," as Shakespeare says, and those maggots never die until overthrown by similia.

Psoric attacks of all kinds are relieved by some physiological eliminative process, such as diarrhea, copious urination, or perspiration. These are not apt to relieve a syphilitic or sycotic patient, although we may find temporary relief in pseudo-psoric cases, as is seen in offensive foot or axillary sweat of the tubercular patient, which when suppressed often induces lung trouble or some other severe disease. Sudden anxiety with strong palpitation of the heart, with people suffering from gastric or liver troubles, is quite a positive psoric symptom. The liver becomes inactive, often due to overeating, when the patient becomes much depressed, irritable, disinclined

to work, with sudden loss of energy, no desire to do any mental or physical labor. This condition of things is often relieved by some form of cathartic which gives them immediate relief for a short time, but the same set of symptoms soon returns; the same treatment is repeated until it finally fails, then they are compelled to look elsewhere for help. Of course many symptoms, outside of the mental, accompany these cases, such as constipation, accumulation of gases in the alimentary canal, headaches, vertigoes, offensive taste, desire to lie down, moroseness, despondency, laziness, lassitude, aversion to all kinds of work, disinclination even to think, with general apathy. These symptoms are modified or changed in the different individuals by virtue of the power of their constitutions, mode of life, diet, climate, race, sex, hereditary predisposition, education, tendencies of the mind and morals and occupation or vocation. The mental symptoms arising from moral insanity usually arise from a mixed miasm, and *sycosis* combined with *psora* figures largely in the criminality of our country. Men and women who commit suicide today (and you know how it has increased within the past ten years) are, generally speaking, sycotic, occasionally syphilitic. It is not uncommon for us to hear women say (especially women inexperienced in crime) "I will kill myself if I do not soon get rid of this loathsome disease," meaning the discharge, and they too frequently carry out their threats. Quite often from suppression of both syphilis or sycosis (subacute or chronic) a basilar mening-

gitis is set up, which induces all forms of mental aberrations. The degenerate and all his kin is either sycotic or syphilitic, usually sycotic or deeply impregnated with a sycotic taint or a syco-psoric one. The epilepsy of psora or the true insanity of psora is usually of a tubercular nature, that is latent syphilis and psora. Malignant cases have of course, all the miasms present. Sycosis implanted upon a tubercular back ground, gives us, of course, all the miasms and if the tubercular taint has been latent ever since he was born, it is as a rule very apt to be aroused when the patient contracts the malignant miasm sycosis. The life force as a rule can not retain the three in an inactive state. That mysterious protective principle or power in the life force seems over-balanced by the addition of sycosis to the tubercular element; before its addition the protective principal in the life force seemed to correlate the tubercular element and hold it under bonds, but that bond is separated and broken by the presence of the true element of sin. It can not be harmonized in the acquired state, and even in the hereditary it will break forth. The pathological in any marked degree, seldom, if ever, comes from the psoric miasm; it is more of a functional disturber. It is when it is combined with syphilis or sycosis that we see the pathological begin to develop; that is especially true of internal lesions of the body, but we meet few human beings, today, who are purely psoric and free from any combination of other miasms. Of course psora has changed in its character

and action since Hahnemann's time, but yet there is no telling what combinations were formed at his time, that produced those international epidemics that assumed the form of plagues, which swept over and over the old continents of this world. As we study the symptoms that Hahnemann has given us in Volume I of his "Chronic Diseases," we see the mixed miasm in the symptoms that he has tabulated under psora or that he calls purely psoric symptoms. Indeed it is difficult to separate them as symptoms. We can with a clear knowledge, however, of these miasms discern even the faintest latent tracings of latent syphilis or sycosis inter-blended with the psoric element. "Often we have to treat our psoric cases for some time," as Hahnemann has said, "before we can discern another miasm is present in the organism" and it comes to the surface or rather begins to manifest itself as the primary element, *psora*, begins to disappear, that is, two latent miasms seldom become active at the same time. If they do we are liable to have a malignancy on our hands. This work is like the work of an artist, it is a study of lights and shadows, or a study of symptomatology in all its shadings and in all its peculiar features, bearing upon the action that the different miasms produce upon the life force, either singly or in combination with each other. Knowing the primary, secondary and tertiary action of each, we at once recognize their presence, in combination with others in any of the above named stages of action or of existence, for the signs are many and they are all in

opposition to physiological life and law. Therefore the truth in the physiological law of life must reveal them to our senses, so we may feel them, see them, touch them in their multiplied expressions, hear them often as they multiply and exaggerate the life action in the organism, yea, taste them, for every miasm produces its own peculiar taste in our mouths as we will see later on. Thus we have a panorama of dispositions, pains, sufferings of all kinds and all the multiplied and varied expressions that can be produced by their various actions.

SENSORIUM.

Hahnemann speaks so frequently of the vertigoes of psora and they are indeed many and quite often very peculiar. He speaks of vertigo in walking, moving, looking up quickly or rising from a sitting or lying position. Whirling vertigo with nausea is very common in the so-called bilious subjects. Vertigo with momentary loss of consciousness, when things appear too large or too small; vertigo with eructations, with rush of blood to the head or face, with headaches, prosopalgia followed with temporary blindness, vertigo as if intoxicated; especially is this true in the morning dullness of intellect and confusion, with nausea and vomiting of mucous only; vertigo when stooping and with lightness of the head, as if swimming, sensations as if floating in the air; sensations as if the head

were larger than the body, as if turning in a circle; vertigo with digestive disturbances of all kinds, with nausea, vomiting, disturbances of the portal system, and constipation, vertigo on reading or writing with confusion of mind or with specks or stars before the eyes, or sensation of a veil before the eyes; vertigo on closing the eyes, on falling asleep; vertigo with sensations of falling or as if in a boat, vertigo on riding in a boat, or at sea, with nausea and vomiting, or when riding in a street car or in a carriage. Psoric patients can not be disturbed much, they prefer to remain quiet when sick unless the mind is affected. The brain becomes anæmic easily, therefore they are subject to kinds of vertigoes. Vertigoes beginning in the base of the brain are more apt to be of a sycotic or syphilitic nature or may be of a tubercular origin. Vertigo with flashes of heat and with perspiration which often relieves, vertigo in a warm room or when the air is not good, vertigo when stooping, in walking, with roaring in the ears and confusion of the senses, heaviness of the head and weakness of the lower extremities and palpitation of the heart. Vertigo on turning over in bed, or closing the eyes.

Head.—Morning headaches, constantly returning, persistent, frontal usually. (Headaches at night, syphilis, worse at night or the approach of night, basilar) psora usually worse as the morning approaches. Syphilitic headaches get better in the morning and remain better all

day until evening when they grow worse as the night advances, then grow better toward morning. Psoric headaches grow worse as the sun ascends and decrease as it descends. Psoric headaches are sharp, severe, paroxysmal, syphilitic, dull heavy or lancinating, constant, persistent, usually basilar or linnier, or one-sided. Psoric headaches are usually frontal, temporal or tempo-parietal, sometimes on the vortex, although quite often a vortex headache is a syctic one.

Headaches occurring every Sunday or on rest days have often behind them a tubercular taint. They are worse riding in a carriage or are due to the least unusual ordeal as preparing for examinations; meeting with strangers and entertaining them. Headaches with deathly coldness of the hands and feet, with prostration, sadness and general despondency, have often a tubercular history. Headaches with bilious attacks, nausea, vomiting, coming once or twice a month, are usually of psoric origin. Headaches better by quiet, rest or sleep are apt to be psoric; headaches made worse by warmth, rest or while attempting to sleep are apt to be syphilitic. Headaches with red face and rush of blood to the head, or at certain hours of the day, usually in the forenoon; headaches relieved by rest, quiet, sleep, eating, are pseudopsoric. A headache relieved by nose bleed has a tubercular taint behind it, in fact any disease that is relieved by nose bleed is tubercular. Headaches better by hot applications, by quiet, rest, sleep, are psoric. Prosa-

palgia or persistent headaches which are not easily relieved by treatment are usually of a tubercular origin, that is, the tubercular taint is present in that organism. A sycotic and a syphilitic headache is worse on lying down and worse at night. Generally speaking a syphilitic headache is basilar, a psoric, temporal or frontal, a sycotic frontal, or on the vertex, both the sycotic and syphilitic are worse at or after the midnight hour.

The headaches of sycosis in children are more common than we think today, they are worse at night, produce feverishness, restlessness, crying, fretting and worrying. The sycotic headache is always relieved by motion as in all sycotic diseases. Keep the children in motion in every sycotic disease and they are comparatively quiet; keep them quiet in psora. A tubercular or syphilitic headache will often last for days and is very severe, often unendurable, sometimes accompanied with sensations of bands about the head. Many of them are due to effusion. The patient often has a weak feeling about the head, can not hold it up, and sometimes we find them so severe as to produce unconsciousness, rolling or boring of the head into the pillow, ocular paralysis, moaning, with feverishness and restlessness or the patient is stupid, dull or listless, even semi-conscious. Other symptoms are rush of blood to the head or face, with roaring in the ears, with determination of blood to the chest, hot hands and feet, have to bathe them in cold water, as we find under phosphorus or opium. Occasionally the tuber-

cular headaches are aggravated by heat which is not so true of psora. This shows the amelioration to be found in the syphilitic miasm by cold. In the syphilitic or tubercular headaches we see children striking, knocking or pounding the head with the hands or against some object. This is not true of psora in any sense, as psora is better by rest and quiet and sleep. Such a peculiar symptom as great hunger before headaches has its origin often in a tubercular taint and is not purely psoric. Headaches from repelled eruptions or suppression of any skin eruption, hunger before or during headache are apt to be pseudo-psoric.

OUTER HEAD.

Hair.—Hair dry, lusterless, tangles easily, breaks and splits easily. (Hair moist, glues together, offensive odor from the head, tubercular). Hair becomes white in spots, aversion to uncovering the head, dry eruptions on the scalp; hair dry, dead-like, full of dry, scaly, bran-like dandruff, which can be shaken out like a shower of bran; hair falls out generally, worse after acute fevers or acute diseases; hair falls out in bunches or in spots usually beginning on the vertex (syphilis, latent). Hair dry like tow (tubercular or latent syphilis;) hair dry, dead like the hemp from an old rope, tubercular or latent syphilis. Falling out of hair from eyelashes and eyebrows, syphilis, hair falls out in little circular spots in syctic diseases of

the scalp; hair very oily and greasy, latent syphilis or tubercular; hair falls out after abdominal and chest diseases or after parturition tubercular and psoric; hair becomes grey too early, psora, especially if it is general over the whole head; hair fetid, oily, sour smelling (syphilis;) falling out of hair on sides of head and on vertex, latent syphilis, hair falls out generally in psora, not so in syphilis. The beard is seldom affected by psora nor are the eyebrows and eyelashes; stubby, dead, broken hair in the beard, sycosis, hair falls out in beard due to skin eruptions, sycosis, syphilis. In latent syphilis and pseudo-psora are seen the crooked, curved or bent and broken hairs of the eyelashes even when no other marked symptom is present; red eyelids, stubby, broken or imperfect eyelashes are found in syphilis or in the tubercular taint; red eyelids, granular lids, often accompany this condition of the hairs. The eruptions in the hair of true psora are usually dry (moist, tubercular or latent syphilis). Severe itching of scalp with dryness, psora; severe itching with moist, offensive, matted hair, pseudo-psora; a fishy odor from the hair, sycosis, musty like old hay, tubercular; child smells sour, sycosis; fetid, sour, oily, tubercular or latent syphilis; hair mats together (*plica polonica*), tubercular or syphilitic; head a mass of thick crusts of dried pus and excrement, tubercular or syphilitic.

SCALP.

Psora, dry, scaly dandruff on scalp with much itching, dry, crusty eruptions (moist, thick crusts, syphilis), pustular eruptions, tubercular, thick, yellowish bland pus, tubercular, small papular eruptions on the scalp, psora; offensive discharges from behind and about ears, tubercular; cracks about ears, tubercular as seen under hepar sulphur, petroleum, tuberculinum, etc. Dry, eczematous eruptions about scalp, psora; moist, tubercular or syphilitic. Tubercular skin eruptions are aggravated by bathing, working in water, or washing; cold open air aggravates (better syphilis). Scalp is dry in psora; moist, perspiring copiously in syphilitic and tubercular children. Head normal in size and contour, in psora; large, bulging, often open sutures, bones soft, cartilaginous in syphilitic and tubercular children. Painful pimples on the scalp with much itching, which is relieved by scratching but is followed by burning and smarting; itching worse in the evening and by heat of bed, psora. The scalp eruptions of true psora are usually dry, when they are moist with copious pus formations they will usually be found to be tubercular, the scales and crusts of psora are usually dry, if moist the discharge is scanty and either of pure serum or bloody serum. A thick, heavy, yellow crust is quite apt to be of syphilitic or tubercular origin. Pimples in psora inflame, and are

very sensitive, and often painful, but do not suppurate, or, if they do suppurate the discharge is scanty. Heat of the head may be either psoric or tubercular, usually tubercular being worse at night; can not comb the hair until it is wet or moistened it is so dry, *psora*, it will not remain in any position it is so dry, must comb it often. The aversion to having the head uncovered is a tubercular symptom, as a true psoric patient can not bear much heat about the head, while they like heat generally speaking. There is seldom any sweating about the head of a psoric patient, indeed they seldom perspire. The scalp always looks unclean like the skin of a psoric patient.

EYES AND VISION.

The eyeball is seldom affected very profoundly by psora, usually syphilis is the miasm that makes serious inroads upon the structures of the eyes. If the vision is affected at all, it is found in the simpler forms of refraction, while the latent syphilitic or tubercular gives us such changes as are found in astigmatism and other marked refractory changes due to malformation or to hereditary changes in the ball itself. Changes in the lens are always syphilitic or tubercular, as are such changes as we find in the sclera, choroid, ciliary body and iris. It is syphilitic or tubercular processes that change organs and gives us perversions of form or shape

and size. Psora does give many eye affections but never change in the structure of the eye itself. We also have aversion to light, even quite marked photophobia in psora, but nothing like that found in tubercular or syphilitic patients. Disturbances in the glandular structures or in the lachrymal apparatus are always syphilitic or tubercular.

Pustular diseases are apt to be tubercular as found in many cases of granular lids. Hyperemia of a chronic form may be of a psoric origin, but granular lids are quite often tubercular. Ulcerations and specific inflammations are sycotic, tubercular, or syphilitic, although corneal ulcerations in young people come often from a sycotic taint. Chronic corneal ulcers in children, where no trace of syphilis can be found, are usually of a sycotic origin and of course of a hereditary nature based upon a tubercular diathesis. (Sycosis never gives the true ulcer.) Ciliary blephoritis is, whether acute or chronic, either syphilitic or tubercular. Scaly, red lids, angry looking, crusty lids are never of a true psoric origin; they are either syphilitic or tubercular. All styes are tubercular or have, as we understand, a tubercular taint behind them, as they are a granular change whether they contain a sabacious matter or the cheesy formation.

Syphilitic or tubercular patients dread artificial light more than sunlight, although they may be aggravated by both. Thick copious pus formations or discharges, especially if of a greenish or yellowish-green color, are dis-

tinctly tubercular or sycotic. Ptoſis is never psoric. Ciliary neuralgias are so apt to be either tubercular or syphilitic. Great dryness, itching and burning of the eyes are to be found frequently under the psoric miasm. The psoric eye has a great intolerance to daylight or sunlight when diseased.

Often in psora we have reflex eye troubles or nerve disturbances, of course all the diseases of the eye may depend largely on the psoric basis or psoric state as do other diseases, but what we mean is, that these diseases originally developed through and from the syphilitic and tubercular processes. We have many arthritic and rheumatic troubles with the eye, which do depend on sycosis, combined with the psoric miasm. The neuralgias and pains about the eye are often distinguished by their character and periodicity. The syphilitic pains are worse at night or after the sun sets and are aggravated by heat; this may be often true of the tubercular, although they are never, as a rule, relieved by cold or by cold applications; generally they are relieved by hot applications. This is not so of psoric pains; they are relieved by heat and are worse as the morning approaches and as the sun rises towards the meridian. Sycotic pains may come on at any time, but they are worse by barometric changes, or by moisture, rainy or stormy weather.

Conjunctival troubles are often of purely psoric nature, especially when there is an ardent desire to rub the eyes, much itching in the canthi, constant, not relieved by

rubbing. A chronic dilatation of the pupil in children or women, is quite characteristic of pseudo-psora, or when a tubercular basis is present. When pseudo-psoric patients are affected with exanthematous fevers of any form, there is a strong tendency to inflammatory stasis of the eye, and serious eye troubles are apt to follow. In the visionary field in psora we have fiery, zigzag appearances around the objects, or dark spots, followed with streaks of light, unsteadiness of vision, or the vision is blurred; letters run together in reading. Usually the inflammatory troubles involving the eyes are accompanied with much itching and burning of the lids, with great desire to rub them. The pains and neuralgias are usually worse in the morning, or throughout the day, and are relieved by heat.

EARS—HEARING.

The psoric difficulties in hearing are usually of a reflex origin or of a nervous character. All organic ear troubles are either tubercular or syphilitic. Suppurative processes and destruction of the ossicles of the ear are quite apt to be tubercular.

The ear is often a safety valve in tubercular children; it relieves them of many serious troubles liable to occur during dentation. Abscesses of the ear often relieve many quite severe meningial difficulties in children. They show themselves so frequently in measles, scarlet fever and such diseases. Here the tubercular element comes readily to

the surface in the form of a suppuration of the middle ear. The tubercular element is more frequently aroused from its latent condition by fever, than by any other means. All of the blood vessels of these patients with a tubercular element in their organisms, are abnormal from the capillaries to the arteries themselves, their walls are all defective and usually unduly dilated. This we can readily see on examining the upper layer of the skin, where they are to be found lying beneath the surface of the thin skin, usually of a bluish or pinkish color. The circulatory system might be compared to poor plumbing that will not endure any unusual pressure, therefore, when it is disturbed we have intense febrile states that are prone to congestions of parts and the formation of pus cavities and abscesses. The peculiar carrion-like odor from these aural abscesses is so characteristic of these pseudo-psoric patients that we can not well be mistaken, often the discharges are cheesy or curdled. Such remedies as hepar sulphur, teucrium and psorinum will represent the character of this pus found in tubercular abscesses of the middle ear. Seldom is the ear affected in a purely psoric condition. A tubercular or syphilitic taint is always to be looked for in these cases. Of course, psora is the medium that arouses into action all other latent or chronic miasms and becomes the basic principle of the acute as well as of the chronic condition. The auditory canal in psoric patients is always dry and scaly, dry bran like scales are constantly forming and falling off into the canal.

Quite often the serumen is greatly increased or diminished. Itching is a constant symptom in many cases. Markedly psoric patients are oversensitive to sounds or noises, as is seen under coffee, opium and such remedies. The eczematous eruptions about the ears and especially the humid eruptions, pustules, fissures and incrustations behind the ears are generally of a tubercular origin. The porches of the ear look dirty, dry and scaly in psora. In tubercular or latent syphilitic patients the ears look pale, white, often cold, and in some cases translucent, almost, with the blood vessels enlarged, bluish in color or bright red, and their course traceable in the tissues. They are often unduly large and distended when the tubercular diathesis is very marked. All these symptoms are absent in a purely psoric patient, the ears are normal in size and shape, of a dirty color, which washing does not make clean, that is apparently clean, but this fact is quite general over the epidermis of the entire body. The tubercular child is constantly having abscesses in the ear, due of course to the same tendency to congestion which is ever present in these patients. If they are free from ear troubles they invariably suffer from throat affections, especially the tonsils, hence are forever having tonsilitis.

We can not well mistake these tubercular ear troubles of children and young people. In the day time they appear well, free from pain, but at night their sufferings begin, often they awake out of sleep screaming with the earache. They may begin as early as the first year, even earlier, and

continue more or less until past puberty. The least exposure to cold or slightest draft brings on an attack. Occasionally we have prolonged febrile attacks with great suffering which is suddenly relieved by the breaking of the abscess. Quite often their general health improves even when the ear is discharging copiously of this tubercular foul smelling pus.

NOSE AND SMELL.

There are many symptoms pointing to psora and pseudo-psora in the nose. Psora greatly increases the sensitivity of smell. Patients are unusually affected by odors of any kind, which will even awake them out of sleep. They are troubled with odors of cooking, the smell of flowers, perfumes, paints, plants, etc., as they induce nausea, vomiting, headaches, loathing of food, fainting, sickness of stomach, vertigo, loss of appetite and many other annoying symptoms. Some times the smell may be diminished or lost but this comes more frequently in syphilis or sycosis, these have complete loss of smell and taste, also of hearing.

Hemorrhage from the nose is not a purely psoric symptom. When this occurs in young girls and boys, it will be found to depend on the tubercular and the cause is similar to that described in the febrile state of tubercular patients. We so often find in these patients rush of blood to the surface, to the face, head, neck or to the hands and feet, in-

ducing great heat to the part. Papular eruptions and pimples about the nose, as is seen in simple forms of acne, not the acne indurata or the tubercular form, but the vulgaric form. A red nose with enlarged capillaries depends on a sycotic element or over-stimulation of the organism. Acne rosacea is so frequently found to be tubercular. The bones of the nose are never destroyed from any other miasm than syphilis. Snuffles in children are dependent on sycosis or syphilis. Syphilis produces ulceration, large thick crusts, known as clinkers, often filling the whole nasal cavity; frequently they have to be removed, but soon form again. The snuffles in sycosis is unusually moist and there is no ulceration and no crusts, the discharge is mucus usually in sycosis, or if purulent, very scanty and has the odor often of fish brine or stale fish. The crusts of syphilis are dark, greenish, black or brown, thick and not always offensive. The catarrhal discharge in tubercular patients is thick, usually yellow, and of the odor of old cheese or sulphate of hydrogen and is constantly dropping down in the throat. The stoppage in sycosis is due to local congestion and thickening of the membrane or enlargement of the turbinated bodies due to congestion, the discharge is yellowish green, scant, except in fresh colds when it is a copious thin mucus. A tubercular child will have a hemorrhage from the nose from the slightest provocation—blowing the nose, a slight blow, or washing the face even will produce it in some people. The hemorrhages are

profuse, bright red, difficult to arrest and are relieved by cold applications. Over-exercise, over-heating will often bring it on. These headaches, vertigoes and congestions to the head and brain are often relieved by nose bleed. In the worst forms of hay-fever, where there is much sneezing, and with much local trouble, we find it often depends on the tubercular taint with an acquired latent sycosis ingrafted. Of course psora is greatly magnified in all of these cases, but purely psoric cases are easily cured by the homœopathic remedy, while where the mixed miasm is present, it is extremely difficult to cure. The psoric colds, when they affect the nose, begin with sneezing, redness, heat, sensitiveness to touch when they have been blown it for some time, the discharge is thin, watery, and acrid. In the tubercular subject it soon becomes thick, purulent, and sometimes bloody. In the sycotic cases the discharge is scanty, usually mucus; generally they can not breath through the nose or blow any mucus from it, but the slightest amount of discharge relieves the congestion and stopped-up feeling. Painful boils, pimples and vesicles are common to psora, occurring in the septum, often they are extremely painful and sensitive and seldom break or discharge much pus. The septum of psoric patients looks dirty or sooty looking. In Rhinitis it is often dry, hot, burning. In lupus of the nose the three miasms are usually present.

FACE.

There may be no appearance of psora in the face and again the face may be a plain indicator of its presence in the organism, although it is usually in more advanced cases that we notice it in any marked degree. The face may be pale, sallow, earthy, sometimes the eyes have a sunken appearance, with deep blue rings around them, but this is also found in the tubercular diathesis. Circumscribed red spots on the cheeks, is quite a positive tubercular symptom whether found in an infant, child or adult; usually these spots appear in the afternoons or evenings. We see them in such conditions in children as dentition, worms, febrile states, colds, etc., and in adults when tubercular troubles are just beginning to develop or when they are in full force. Flashes of heat to the face or head and chest have no doubt a tubercular element behind it disturbing the circulation, although the hot flashes at the climatic period is purely a psoric symptom, and is relieved by anti-psoric treatment. Red lips are found in a very psoric patient, or in extremely marked cases where the blood seems to be ready almost to ooze out of them, are tubercular. Often we find the face and lips blue and congested in patients with poor, slow, circulation. The lips often look parched and dry with a sooty coating. In syphilitic patients the face has a greyish, greasy appearance. Usually the skin on the face of a very psoric patient is dry, rough and pimply, often it has an un-

washed or unclean appearance. Reddish, millet-seed sized papules that appear on the nose, cheeks and chin, ulcers in the corners of the mouth are apt to be tubercular, vesicles about the mouth, small, white, transparent and accompanied with much itching are psoric (hydro or cold sore).

Deep fissures in the lips are usually syphilitic but of course can be tubercular. Swelling and burning of the lips or burning, itching, is found under psora. We find edema, swelling or puffiness of the face, lips, eyes and eyelids in tubercular people, especially is this found to be true in the morning or after sleep; erysipelas of the face will be found to have the psoric and sycotic element combined and we may have to begin the treatment with an anti-sycotic remedy such as rhus-tox, although we may have to use a purely anti-psoric remedy as sulphur to finish the cure, and vice versa; but as this is true of this disease so it is true of all diseases, of course all warty eruptions are sycotic, moles and papillomata may be either sycotic or syphilitic. In psoric fevers the face becomes very red, hot and shiny, in tubercular patients it is more apt to be pale or have a circumscribed redness of the cheeks. Paleness of the face on rising in the morning or after sleep, and even after eating is found in tubercular patients, or that one cheek may be red and the other pale, one hot, and the other cold, is also common in these patients in either latent or active stages of the disease. In syphilis we often see that grey

ashy appearance on the face of an infant. It looks old, puckered, weazened, dried up, wrinkled like an old man. The tubercular face is either round, skin fair, smooth and clear with that waxy smoothness of the complexion, eyes bright and sparkling, eyebrows and eyelashes soft, glossy, long and silken, thin lips, or we have the high cheek bones, thick lips, almost like an African, in some cases the skin of the face is rough, voice coarse, deep, often hollow, eyelids red, inflamed, scaly, crusty, lashes broken, stubby, irregularly curved and imperfect, in these cases the syphilitic or tubercular element predominates in a latent form of course. They perspire freely about the face, often we see large drops like pearls about the face, nose and lips, usually the skin of the face is pale, cool, perspiring, while in psora we have not such changes, physiologically speaking, and the skin of the face is dry, pimply, rough, complexion bad, dirty and of an unwashed appearance. In the tubercular patient, physiologically speaking, the face and head is often seen to be of the shape of a pyramid with the apex at the chin. The nose may be well shaped in this special form, the features sharp, the eyes unusually bright, often sparkling, the nostrils are small, the openings narrow, the least obstruction in the nose induces them to breathe through the mouth which causes an imperfect expansion and filling of the lungs. We may not see the flashes of heat or circulatory expressions we see in other expressions of the tubercular face, indeed the face looks fairly well even in the last

stages of the disease, when other parts of the body become emaciated and show marked signs of the disease.

CAVITY OF THE MOUTH, TEETH AND GUMS.

Probably in no other part can we find as many symptoms of the syphilitic and tubercular diathesis as we do in the mouth and the organs of the mouth. Such diseases in children as thrush and stomatitis are of psoric origin, but when we see the true ulcer in the mouth or on any of its adjoining mucous surface, we must not attribute them to psora, for the true ulcer is of syphilitic or tubercular origin, as is also the swelling and indurations of the glands and such pathological changes as we see taking place in the teeth or dental arches are of a syphilitic or tubercular diathesis. When we come to hemorrhages of the mouth, excessive bleeding of the gums, we must attribute it to the tubercular diathesis unless syphilis is actually present. Often they will bleed at the slightest touch, again we see them receding from the teeth or they are soft and spongy and bleed at the slightest touch even when brushing them. The dental arch is imperfect, irregular, or the teeth are imperfect in form, club-shaped or come in an imperfect or irregular order, often decaying or becoming carious before they are entirely through the gums, or before they are perfectly developed. They appear often with much pain and suffering, accompanied with consti-

tutional disturbances often of a marked degree, such as diarrhea, dysentery, spasms, convulsions, febrile states, abscesses of the middle ear, disturbances of digestion, meningeal congestions and meningeal inflammations. I now recall a case in a male child of 16 months who has had meningeal congestion with severe pain at the base of the brain at the eruption of each tooth. It would beat and pound its head against any object that was near it, or with its little fists; usually when these attacks came on it would scream for hours, with pain, they came on mostly at night. Diarrhea, nausea and vomiting of its food were quite constant symptoms; at the same time the gums were greatly swollen, hard and cartilaginous like, which of course prolonged the eruption of the teeth. Accompanying these symptoms was profuse perspiration about the head and face, dampening the pillow on which it had lain. The perspiration had a strong, musty odor. For these symptoms, *stannum met.* was given, which relieved many of the symptoms. This remedy was followed later on with cal. carb. It is only of late years that we have recognized that these symptoms are of a tubercular origin. These white skinned, pale, flabby muscled children, as a rule, all have a tubercular family history. So, many of them die in these cycles of physiological stress or development. Their frailty constructed organisms are often overpowered by these unusual efforts that nature necessarily has to put forth in the development of these tubercular children. There is always some-

thing wrong with these children, if it is not one thing it is another. They can not endure either extreme heat or cold or any extremes of temperature; a few hot sultry days in July or August followed by cool nights throw them into diarrhea or dysentery or they have sudden arrest of digestion with marked gastric disturbances which often endangers their lives. We have no assurance of them at any time and should they survive the ages of infancy and childhood, they are prone to be partakers of every child's disease that comes along. Observe their large pyramidal shaped head, which gives the face a small appearance, the prominent forehead, the flabby, over fleshy baby, or in other words the phlegmatic babe with its copious sweating about the face, head and upper part of the body. Its enlarged cervical glands, the wilful, positive nature, the stubborn disposition, etc.

TASTE.

The taste of a *psoric* patient is either sour, sweet or bitter and some times it is designated as bad taste, but the three forms above mentioned are to be found quite constant in *psora*. A putrid taste or a taste of pus or blood will be found in the tubercular patient, and in those suffering from a tubercular taint. Expectoration of pus that tastes very sweet is tubercular; some times the patients have a salty taste, or a rotten egg or sulphate of hydrogen taste. Any of the miasms may

have a partial or complete loss of taste. A bitter taste with yellow coated tongue points strongly to psora. A putrid, musty or fishy taste will be usually found under the miasm sycosis. All metallic tastes make us think of syphilis, or that the tubercular element is present in the organism. The saliva of a syphilitic patient is ropy, cottony, viscid, metallic or coppery tasting. After eating sweet things taste sour or the patient may have a sweet, sour or bitter taste in psora. Psora has much perverseness of taste, for instance bread tastes bitter, water has an abnormal taste, occasionally foods of all kinds are rejected because of their abnormal taste. Tasting of food recently eaten, or eructations, tasting of food or of grease, fats or oils, etc., is a common psoric symptom. Some psoric patients are extremely sensitive to taste. I can now recall a patient, a woman about sixty years of age, who could taste for days any application that was made to the skin, such as coal oil, turpentine, lard, liniments, and the different compounds which might be used as local applications in such diseases as rheumatism. The taste of blood is a peculiar latent tubercular symptom often to be found in women with a tubercular diathesis. It may or may not appear during the menstrual period, but is present frequently in the morning. The taste of a psoric patient is often bitter in the open air, as we see under the remedy Psorinum. A burnt taste is only found under psora. A foul taste may be found under any miasmatic basis. Of course any of these tastes may be

found in some degree in pseudo-psora, or where the psoric element predominates, nevertheless, the taste is of psoric origin. The miasms produce perversions in every expression of life, therefore our tastes, likes and dislikes are not exempt from them.

Naturally the taste in the mouth should be neutral. We should taste nothing but our food and drink and that should be normal, but it is the latent or active miasms that falsifies all things, even taste. Not infrequently we find a certain periodicity about it, it may be worse in the morning as seen in the foul, bad taste of *nux vomica* or the bitter taste of *bryonia*. *Nat.*, *mur.* and *phos.* has a bloody taste. Washing out of the mouth does not even relieve in some cases, even pure water will taste bitter to some people, where the psoric or pseudo-psoric miasm is present. No remedy has a more bitter taste than *aloe*, yet it cures an inky taste in the patient's mouth. *Elaps cor.* has a bloody taste before coughing; *mercury*, a metallic taste; *hepar* and *tuberculum*, pyrogen, a taste of pus when coughing. I mention these peculiarities of taste to show the endless variety of perversions we may find in this sphere alone from miasmatic action. It all comes, of course, through perverted nerve impulses, but they are basic miasmatic symptoms, because they are largely from a central nervous center, therefore they are very important in making up our case. I never neglect them in prescribing for my patients and always keep a repertory quite convenient that I have prepared for this

purpose, that I may consult it when any of the special senses are perverted by miasmatic action. It is always a profound disturbance and demands more than a casual recognition in taking the case and making our prescription. I have frequently had patients (who were suffering from exhaustion due to hemorrhages or seminal losses) have a sour or bitter taste, this then we say is distinctly of psoric origin, just as the metallic and bloody taste is of tubercular or syphilitic origin. We can not afford therefore to overlook the miasmatic perversions of taste and they will grow in importance as you look into this miasmatic mystery.

HUNGER, DESIRES AND AVERSIONS.

Morbid hunger or unnatural hunger is a very important and quite a constant symptom of *psora*. Hunger at unnatural times during the twenty-four hours; hunger an hour or two before eating or hunger in the night after sleeping; hunger immediately after eating; hunger is not satisfied when stomach is full; hunger with weak, gone sensations before eating; hunger with great prostration after eating; eating makes them sleepy, eating causes profuse perspiration, after eating, much distention and fullness, with flatulence and distention of gas; hunger that is not satisfied by eating, *psora*; although faint if hunger is not soon satisfied or extreme hunger with all gone, weak, empty feelings in the

stomach is apt to appear more in the tubercular diathesis, although it is of psoric origin. They sometimes have constant hunger and eat beyond their capacity to digest, or they have no appetite in the morning, but hunger for other meals. Often the tubercular patient has a great desire for certain things, but when he receives them he does not want them, in fact they are repugnant to him. We see this symptom in the child more than in the adult, he will ask for things, then, when he receives them, will cast them from him with anger.

DESIRES AND AVERSIONS.

The psoric patient has longings and desires for sweets, for acids and for sour things, the tubercular patient likes these things also, but it is the psoric taint that produces it. The tubercular patient likes hot or real cold things, they are extremists in the matter of heat and cold in many ways, one part of the day they are chilly and the next part they are too warm. Their longings are often for indigestible things, as chalk, lime, slate pencils, etc. It is a noticeable fact that if the system is not assimilating certain things, they will crave that thing. This is seen more particularly in young girls, in children, and in women in the pregnant state. They are great cravers for peculiar things; they crave salt, and will eat it alone from the dish, they use much salt in their food, more than the whole family put together.

The trouble with these patients is that they can not assimilate these things, they have lost the power of assimilation, and the more they become affected with the internal workings of the miasm, the less power they have to assimilate them, until it falls far below par. Again these tubercular patients, who have never taken stimulants, often have a longing for them, especially for beers, wines, ginger ales or hot aromatic things. In fevers the psoric patients have craving for buttermilk, acid things, pickles, cabbage and indigestible things, things that they should not have. So it is the same in the pregnant state, the patients long for things often never eaten before, and will do almost anything to procure them. These desires usually depart after childbirth and then a loathing and dislike follows, they lose their desire and taste for these things and care no more for them. (Often these longings are conveyed to the child, and remains with it for many years of its life.) They have unnatural fancies for things that they would not have any desire for in the non-pregnant state. Sometimes the psoric patient will have desires for fats, greasy things, rich pastries and sweetmeats, which when eaten induce bilious attacks and all sorts of gastric disturbances. Indeed, those bilious states are often ushered in by these longings and desires; they are forewarnings of internal gastric warfare. Often the things that were very agreeable and palatable to them, become repugnant and they take a great dislike to them; for instance, the tobacco user;

he suddenly takes a dislike to his pipe, or his accustomed chew, and for a time it is impossible for him to use it or to even touch it. After this condition passes away, which is usually in a short time, he resumes his old habits again with renewed vigor and relish. We see in these things, disturbances of psora: all toxic drugs become sooner or later prime disturbers of psora or the chronic miasms in general, but particularly psora. In syphilis or sycosis we know how rigid are the rules laid down by the regular school of practitioners with reference to diet, all stimulating or irritating foods are prohibited as are also narcotics of all kinds, beers, wines, liquors of all kinds are strictly prohibited. Why? Because of their positive action in restoring the eruption or the gonorrhoeal discharge, they know full well that they can not suppress it while the patient partakes of these things. As this is true in disease, it is also true in health; the difference is only in the difference of the organism's sensitivity, the organism, being more sensitive and more easily aroused when diseased than in health. Often in health the patient may be able to use tea, coffee or spirituous liquors for many years without being especially disturbed, but when diseased or after some severe illness, they may never be able again to partake of those things, which were apparently harmless before, without suffering or disturbance from them. There is another thought that I wish to bring forward, and that is that the desires and the cravings for the unnatural

things to eat, together with the desires and cravings for narcotics, such as tea, coffee, tobaccos, or any stimulant for that matter, have often their origin in psora or pseudo-psora, that is, the miasm so weakens the organism or so lowers its vitality that the great life centers are unable to supply the necessary nerve force; hence, the call for those things which fill temporarily force these central impulses to increased activity, and for a while the demand is satisfied, until a reaction comes, as it always does in time. Then follows a lagging of these centers as they no longer can respond to the stimuli, which has to be increased; but the time comes when it fails and a new stimulant has to be selected and so on until stimulants fail entirely. Thus a patient may begin with meat and follow with tea, coffee, then tobacco and finally end with intoxicating liquors; partaking of the greater, as the lesser fails to satisfy, fails to bring the nerve force up to the desired standard. This often is the beginning of a history of an intemperate life, by simply yielding to the demand of the organism which should have or might have been brought up to a perfect standard of health through the law of cure. Psoric people like sweets, syrups, sugars, candies, while the tubercular craves potatoes, meats of all kinds.

These cravings, desires, likes and dislikes of our patients are symptoms that stand high in therapeutic value in making a selection of our remedy, as they are basic miasmatic symptoms, next in importance to the perverted mental phenomena in disease. They all however belong to the

phenomena of perverted life action, and I am glad to know that they can not be attached to pathology and do not come under any of its forms. Besides all these, there are cravings and longings for travel, change of place, vocation and manner of living; they want something and they know what that something is, which is characteristic of these despondent, weak, debilitated, psoric patients, who seem to never gain any strength and whose disease can not be located

STOMACH SYMPTOMS OF PSORA AND PSEUDO-PSORA.

An organ of so complex a function as the stomach has, of course, many symptoms that acknowledge the presence of psora in the organism. We will only attempt to give some of the more prominent ones, or those that may be considered characteristic, or to a great degree, pathognomonic of the psoric or tubercular patient. Usually the action of the miasms is quite marked in some other parts of the organism before its action is seen upon the stomach.

We must look deeper and farther than the gastric function for the phenomena of indigestion. Indigestion has behind it, as have all other disturbed functions, a disordered life force; and a gastric expression is as much a secondary expression as in erysipelas, eczema or any eruption on the skin; or in other words, a gastric dis-

turbance of any nature, whatever, is nothing more or less than the attempt of nature to, in some degree, eliminate the effects of miasmatic influence in the organism. Indigestion begins in the very cell itself, in its molecular movement, which is from its periphery to its center, from the vitalizing nucleus to its circumference, and as the vitalized point receives the non-vitalized or new food matter, it vitalizes it and projects it outward. Thus, this continuous process is kept up as long as life lasts. In diseased conditions, or in people who are over fed, these vitalizing centers are overworked, and the nutrient or food material is rushed too rapidly through these vitalizing centers and the result is an imperfectly vitalized tissue, which is soft, flabby, lacking the strength and vigor of a healthy structure; and indigestion, gastric disturbances arise in all their disturbing forms and varieties. We sometimes see this condition arise where healing processes are taking place in wounds and ulcers, where the granulations are stimulated by local measures (or by local remedial agents, such as calendula, balsam of peru or any similar local stimuli). This over-action appears in the form of false granulations which break down suddenly, being unable to form a healthy and permanent tissue. Sometimes we see such nervous symptoms arising in psoric and pseudo-psoric patients, "as weak, all-gone feeling in the stomach," demanding food at unnatural periods. "Hunger at night" is so prominent a symptom in very psoric patients that it can always be relied upon;

hunger soon after partaking of food is also peculiar to psora; "hunger with an all-gone sensation in the pit of the stomach at 10 a. m. or between 10 and 11 a. m. will be found in pseudo-psoric patients, or when the tubercular taint is marked. This is very peculiar, but it is very frequently met with in general practice. But it is just such strange perversions that are to be found under the action of this deepest of all miasms, pseudo-psora. On the other hand we meet with just the opposite symptoms, in very psoric people, such as fullness, bloating, great distention due to the accumulation of gases or to flatulent conditions and food fermentation; rumblings, gurglings, and all such commotion due to the formation of gases, are found not only in the stomach but throughout the entire gastrointestinal tract. Any other miasm of course can be present in the organism, but still these symptoms are of purely psoric origin. Sour or bitter eructations come up in the throat frequently; sometimes these risings from the stomach taste of food recently eaten, or they may be oily or greasy, not infrequently they are accompanied with heartburn, with nausea, faint feelings at the pit of the stomach, with a conflux of saliva to the mouth (water-brash), acid eructations with burning in the œsophagus, with or without hunger, with hunger relieved by eating ever so little. This is sometimes followed with fullness in the stomach, chest or throat. Psoric patients have repugnance to boiled foods; they want everything fried, if possible, and highly seasoned; they like highly seasoned

foods. Tubercular patients crave meat; they will eat it from infancy and nothing satisfies their hunger or cravings but meat. I am fully convinced in my own mind that meat is not a natural food; it is very unnatural, indeed, it is more of a stimulant than a food. Its prolonged use as a food induces similar conditions in the organisms to that found under the use of alcohol, that is, where it is used excessively. The capillaries become engorged and distended, the heart action weak, soft, the pulse easily compressed, the muscles of the heart soft, or the action of the organ becomes imperfect, the face flushes easily and the blood piles up in the lungs and brain when they exercise, attempt climbing heights, or run fast, such as running for a car or for a train. Human beings will live longer, endure more hardships, cold or heat when meat is not used in their diet at all. The porters in China and Japan have probably as great endurance as any people in the world, yet they subsist entirely on a vegetable diet, largely rice.

When these meat eaters come to me suffering with bad heart action or gastric difficulties, I at once cut out meat from their diet, and it is surprising how quickly the heart action improves, the food in the stomach ceases to ferment, the foul breath disappears, and the gaseous formations soon no longer exist. Meat, grease, and vegetables do not mix well in these psoric or tubercular patients. Before they are past puberty they are employing a physician for gastric difficulties. I speak now not only from experience in practice, but from a personal stand-

point. I have eaten no meat for six years or flesh of any kind except at long intervals small quantities of fish. Previous to my taking up the vegetable diet, I had poor heart action, a run of two blocks would almost take my life, caused from labored heart action. Now I can run a mile if necessary. The heart action began to improve at once, there is no more headache, no belching, no sour eructations, no gases, no unpleasant taste in the mouth, and above all there are no unnatural cravings or desires for highly seasoned food or fancy dishes. My diet consists wholly of vegetables, fruits, cereals and nuts. The mind is always clear, the appetite regular and normal in every way. Meat, then, we see, is a disease producer through its stimulating qualities and through its power to disturb or arouse latent psora, to say nothing of the great probability of the meat itself being diseased; hence psoric patients should eat sparingly of it, if not avoid it entirely, where psora or sycosis is very marked.

Returning to the symptoms of psora in the stomach, we notice the constant gnawing at the pit of the stomach, cold or hot sensations, sensations of weight, of fullness, of tightness, of goneress, sensations of heavy weights, as of a stone or lump in the stomach, beatings and pulsations, throbings, sensations of constriction, oppression after eating, shortness of breath, vertiges, giddiness, anxiety, epigastric tenderness, sweat breaks out after eating, weary, heavy, sleepy, drowsy after eating, falls asleep, can not keep awake after a meal; eating causes

pain, colic, nausea, vomiting, or is followed by diarrheas and gastro-intestinal disturbances of many forms and varieties

Most of the aggravations of psora in the stomach are after eating, for instance after meals the patient suffers with headaches, flatulence or flatulent dyspepsia, weariness, sleepiness, nausea, vomiting, beating of the heart, coughing, pains in different parts of the body, especially in the region of the liver. In the hypochondria or epigastrium, they have pains often of a cutting or colicky nature; very many of the stomach symptoms are temporarily relieved by eating, by hot drinks, by hot applications, by the belching of gas and by gentle motion. A sycotic patient, especially a child, is worse by eating any kind of food, whatever, and is relieved by lying on the stomach, or by pressure over the region of the stomach, and by violent motion, walking, rocking, shaking, etc. The stomach pains of sycosis are always crampy or colicky, paroxysmal, and relieved by motion and by hard pressure. A psoric patient is afraid of being touched when he has pain, even the slightest pressure can not be endured. There are very many other symptoms of psoric origin referring to the stomach; especially those with reference to the malignancies, which will be fully dealt with in Vol. II of this work. In conclusion of this subject, a few words might be said with reference to the diet of a psoric patient. They can digest meat even better than a sycotic patient. Meat in the

sycotic, stimulates or assists in developing the uric acid and the gouty diathesis, they, too, do better under a vegetable diet. If nitrogenous foods have to be given to a sycotic patient, they had better be in the form of nut foods, beans and mild cheese, etc. The tubercular patient thrives better on fats and fat foods than do those suffering from any other taint; he also requires much salt in his food, indeed the tubercular patients are the great salt eaters; starches are not easily digested by them, and frequently their use has to be avoided almost entirely, this is especially true in young infants. Tubercular patients crave meat, as has been mentioned, never getting enough of it; many of them, however, reject fat meats, preferring to eat the lean portions. The psoric patient craves sugar or sweets of any kind, he can never get enough of them and he is forever filling his stomach full of sweetmeats; this purely psoric symptom is very frequently found under sulphur.

The reader will remember that his attention has already been called to this fact "that the cravings and longings of the patient, are basic miasmatic phenomena of great therapeutic value."

A syphilitic patient has an aversion to meats. In febrile states or in liver troubles, psoric patients often take a great aversion to sweets and crave acids of all kinds, fruit acids, lemonade, and buttermilk, otherwise they love sweets; they are just in their element when par-

taking of the sweets of the soda fountain. Sycotic and psoric patients are relieved by hot drinks and prefer their food hot or warm, while syphilitic and tubercular patients frequently desire cold things to eat or drink. Sometimes a tubercular patient will crave salt meats, salt fish, such as cod-fish, mackerel or salt herring, smoked ham or smoked meats. He likes these forms of flesh, largely for the salt they contain. Potatoes are another article of diet the tubercular patient craves. He will let you cut out any other article of diet but potatoes. The child 20 months old will gorge himself on this article of diet. A sycotic patient would prefer beer, rich gravies and fat meats but prefers to have it well seasoned with salt, pepper, etc. These patients herem described are, of course, typical cases, and any modification of these pictures can be found in mixed miasms.

CHEST, HEART AND LUNGS.

As no part or portion of the organism is free from the presence of the miasms, when they are at all present, so the chest cavity with its contents is a fruitful soil for both these benign and malignant shadings of miasmatic action. The regular seat of the pseudo-psoric miasm is often found in the respiratory organs, developing into those malignant states known as phthisis-pulmanalis, tuberculosis, consumption, and other names which denote prolonged and fearful histories of sufferings and death. So many times we find these

miasms lying in an incipient state of slumber, and many of us are totally ignorant of their presence in the organism until (as it seems to us), with scarcely any warning, they break forth like volcanoes from their slumbers. This should not be so. We should make ourselves acquainted with their latent expressions, and the symptoms of their presence, long before they have taken such a deep hold of this vital organ, the lungs. This we can do by becoming acquainted with just such phenomena as have already been presented; we must know something about this physiological difference which distinguishes the *psoric* from the *pseudo-psoric*. They are vastly unlike when we study them separately and yet we can not separate them fully, as they owe their existence to this combination, as expressed in the word *pseudo-psora*. These pseudo-psoric or tubercular symptoms, I say resemble both psora and syphilis, as a child may resemble both parents, and yet that distinction is often difficult to demonstrate, if we were called to do so. But as we have studied the head, face, ears, eyes and the different parts, and notice their distinguishing features, so can we study the chest, itself, as well as the chest organs. First of all, we must repeat to ourselves the rule "*that psora itself gives us no physiological changes of structure, that another miasm must be present in order to procure a physiological change in the structure or shape of a part or organ.*" With this in view and armed with the additional knowledge that syphilis is the only miasm that can, or does give us false physiological expressions or changes in the organism (any miasm may

give us pathological changes, but not physiological changes), even to changes in the bony framework itself. Examine a tubercular bone or see the resemblance to syphilis, see the changes of structure and form, see the false formations and false expressions in that osseous structure, but we have shown this more fully under our heading of scrofulosis, versus syphilis, so we will hasten to give the psoric and pseudo-psoric symptoms and changes of the region coming under this heading. If we examine very psoric patients, we will see no changes in the lines, curves, and contour of the chest, they are natural; but let us see what we can find when we examine the tubercular chest; the curves and lines are imperfect, the chest is often narrow, lacking not only width laterally, but depth antero-posteriorly, the subclavicular spaces are hollow, or certain areas are sunken or depressed, quite often one lung is much larger than the other, or the action of one is accelerated and the other is lessened; one side is fuller than the other, showing a better development and a greater respiratory area, often the expansive power of the lung is greatly limited and the amount of residual air lessened. The breathing of these patients is not so full and resonant, although there may be no impediment or obstruction in the air cells or air passages. The shoulders of these patients are rounded, inclined forward, infringing on the chest area and the free lung action. They are as a rule all poor breathers, in fact they have no desire to take a full respiration; seldom do we find them breathing diaphragmatically, thus the lung never comes to

its fullest expansion and the air cells are not all brought into use and simply become diseased from lack of that life giving principle they should receive from the oxygen. For lack of work or use, they atrophy or become useless, the least obstruction glues them together and destroys their office. Soon we find infiltrations with all the history of hepatic changes and finally complete destruction of such portions as are involved. These great air pumps, with their wonderful aerating machinery, should never be neglected, as they furnish to the commerce of the red blood corpuscles that invisible, vitalizing principle so necessary to life. So long as this free exchange of commodity goes on between the atmospheric air and the red blood corpuscles, we are safe, but as soon as it materially decreases the vitalizing principles also decreases as our invisible food supply diminishes.

Disease is largely a matter of imperfect oxidation, no matter what miasm is at the bottom of the trouble; any and all of them affect this process in some manner or other, the psoric, through neurotic processes, as in ænemia; the tubercular as has been demonstrated, in faulty nutrition, and death of the commercial red corpuscles; the sycotic, in imperfect oxidation of the food products and their deposit in the tissues in the form of gouty concretions and lithic formations. These tubercular patients have not energy enough to take a full breath and besides they are afraid of cold air, especially if there is any exposure or chance of chilling the body. It is surprising how

long they will endure a bed-room atmosphere, in which the lungs have partaken of the air over and over again. They should be forced, if possible, to live consistent with their miasmatic taint, and to promote health and strength. No wonder they improve when they take the open air treatment, as it is given in the Adirondacks and such exposed open air rest cures. Indeed these patients, suffering with the tubercular taint, need an abundance of fresh air, they should always be in some ozone belt where oxygen is not at a premium. The devitalizing action of the blood in pseudo-psora demands constant purification of the life stream by coming in contact with large volumes of pure oxygen, or it soon becomes overwhelmed with detrite material that a lowered vitality is unable to take care of. Of course there are thousands of patients today who die of many diseases other than lung trouble, that are not classified under the tubercular disease, but which nevertheless are based upon this pseudo-psoric miasm. Often we notice a single symptom in these tubercular patients that may be persistent for years and on the least exposure to cold, they become hoarse, it is not the simple huskiness of psora, it is a deeper thing, the voice is coarse, deep, with base-like chest tones, the throat is slightly sore at times, a rawness and a croak-like sound develops in the voice, there is a constant desire to hawk or clear the throat of a scanty, viscid mucus. The sore throat of hepar and phosphorus remind us of it. The coughs of psora are dry, teasy, spasmodic, and annoying, and are bronchial; but the

cough of the tubercular patient is deep and prolonged, giving us the lower chest tones, it is worse in the morning and when the patient first lies down in the evening. The expectoration in psora is mucus usually, scanty and tasteless, while the tubercular expectoration is usually purulent or muco-purulent. In advanced cases it is greenish yellow, often offensive and usually sweetish to the taste or salty. The salt or sweetish taste can usually be depended upon. Sometimes it smells musty or offensive, or it is heavy and sinks in water; again, it may be bloody or followed with hemorrhages. Quite often the cough of the tubercular patient is deep, ringing and hollow with no expectoration or none to speak of. The syphilitic is recognized by one or two distinct barks like that of a dog. The tubercular may assimilate it somewhat in those early dry coughs, before any breaking down of the lung tissue has taken place. We are all familiar with the rales and sounds peculiar to this disease, they are numerous and often peculiar to these tubercular changes. These coughs are often so dry and tight that they induce headaches, or the whole body is shaken by their explosive like paroxysms. Frequently these patients, who have suffered for some time with one of these chronic coughs, become surly, cross and ill-disposed, yet we know that they are the most hopeful of all patients as to the outcome. They seldom give up or think of death, in fact it is the last thing they think of and sometimes it is very difficult to convince them that they are incurable; indeed, they are apt to dispense with your services

if you insist upon it. They are the last ones to give up the ship, always hopeful, always looking to the physician for help, always asking when they can be cured and how long it will take, even when dissolution has far advanced and life is at a low ebb. They are always planning for the future, building air castles, ever ready to accept any proffered help or promise of a cure; they are seldom skeptical of results and, therefore, often become a willing prey to the charlatan, the quack and the miraculous healer. Thus they become a victim to every and any form of treatment that may be presented to them. We all have met this mental picture, although we may not all have fully recognized its meaning, or the persistency or the constancy of its presence.

We have not spoken of the glandular changes that take place in this disease, especially in the cervical region, which is so positive a symptom of a tubercular diathesis, and which often precedes all other symptoms referring to lung changes, nor yet have we spoken of the oppressions about the chest, the weakness, the anxiety, the difficult respiration or the labored inspiration, the pain, the neuralgias and the suffering that only the afflicted ones can tell for themselves. It is a study in itself to see these tubercular patients struggle for the restoration of their health; they will do most anything, climb mountains, when they ought to be at rest, exercise when they should be quiet, take journeys by land and by sea, when they should be at home, enjoying their last days in peace and quietness. They stop

at nothing—drugs, diet, climate and treatments of all kinds, until everything has failed and often all their means exhausted, they even then have hope of a cure or of prolonged life. There are many other latent symptoms that have not been mentioned, symptoms that are often wrapped in mystery, symptoms of which we do not always comprehend their meaning or value, some of these are that sense of great exhaustion, easily made tired, the least over exertion exhausts beyond that which is natural, they are always tired, never seem to get rested; “I was born tired,” we hear them say, tired at night, tired even after sleep: as the day advances, they become better, or as the sun ascends in the heavens, their strength revives a little, as it descends they lose it again. How frequently I have examined the urine, as well as making a careful physical examination of the whole organism, hoping in vain to find the cause of this loss of strength, and in the end decided that my patient’s failing strength was due to a tubercular taint which was sapping, slowly but surely, the life. Again these patients suffer with neuralgias, prosopalgias, sciatica, insomnia, hysteria and all forms of nervous affections, that are persistent and have a specific nature about their action, that is peculiar to a tubercular diathesis lying behind them, which lends them their dominantly persistent aspect. For years a persistent headache may be the only active symptom we find outside the many physiological expressions of the disease; again I have seen a profound hysteria develop and remain with the patient for years, before a pulmonary

lesion was discovered, and when the lung lesion made its appearance, the nervous affection departed and vica versa as the lung improved; often a severe form of dysmenorrhoea kept back or for a time stayed the development of the disease in the lung itself. Of course many of these intermediary expressions are often of a psoric nature, or the psoric element will dominate until it has fully aroused the tubercular element. Many a case of insanity has developed from a tubercular meningial inflammation, either from a diffuse tubercular infiltration or from tubercular growths on the pia mater. This is another way of saving the lung, the maniacal paroxysms often increase or decrease with these tubercular crops that come and go upon the membrane. We get meningial pain in children; it is frequently from this cause that they scream or cry out in the night as soon as they fall asleep.

But to return to the latent premonitory symptoms of lung trouble, we will continue our study of latent miasmatic symptoms. The aggravation of symptoms in the tubercular patients shows the parental nature of its old syphilitic basis. Tubercular patients are often worse in the night, which they dread, and they long for morning, as also does the syphilitic patient. Look out for disease that has a persistent nightly aggravation, as it means much sometimes, no matter what the pathology may be; it has a deeper meaning than the ordinary aggravation suggests.

Another thought that suggests itself here, is the non-resistance of the tissue in tubercular subjects, the slightest

bruise suppurates; the strong tendency is to pustulation or to the formation of pustules. The same may be said of the expectoration from the lungs; its pus-like nature and its copiousness are features to be considered. The strong tendency to the enlargement of the lymphatic glands, the overworked lymphatic system, and indeed, latent hereditary syphilis bears the same relation to these pseudo-psoric subjects, that sycosis does to gout or to the gouty diathesis and lithic deposits. I make no distinction between the tubercular diathesis and the scrofulous, they are quite the same—the only difference is in the degree of the psoric and the tubercular combination, with probably the conditions of climate, race and other similar associations. In an article headed "The Scrofulous Versus the Syphilitic," I have endeavored to demonstrate that fact. The multiple expressions and modifications of the disease, often interferes with our seeing the two relationships.

Some members of a family will escape the chronic blepharitis or the ophthalmia of a latent tubercular condition and often the throat or bronchial catarrhs are the only active expressions of the disease. This is often due to the changes and defense of a strong, healthy parental influence, a fact which we must keep constantly before us in our study of these latent tubercular individuals, or we may be easily turned aside from a true conception of their true miasmatic state

HEART.

In our study of this organ, we find few tubercular diseases or manifestations. The psoric and the sycotic element strongly prevades in organic or even functional disturbances of the heart. Here is where the *sycopsoric* element predominates, especially in valvular and cardiac changes, which so frequently bring about a fatal issue in our own day. We have many psoric symptoms that manifest themselves in sensations, such as sensations of weakness, goneness, fullness, heaviness and soreness about the heart. A rush of blood to the chest, in the young or rapidly growing youth, is often a tubercular symptom, just as they have a rush of blood to the face or to any part of the body. Violent palpitation with beating of the whole body, is found in both the tubercular and psoric patients. In psora, they have violent hammering and beating about the heart, due to reflexes, such as gastric disturbances, flatulence and uterine irritation. Sycosis produces the same, from reflex rheumatic troubles, especially if local applications are employed to relieve the pain. Sensations as of a band about the body in the region about the heart, may be said to be due to psora. The mental and heart symptoms often alternate and vie with each other. It may be said that the majority of psoric heart symptoms can be attributed directly to psora, while in sycosis or syphilis, they are secondary or are due to secondary causes. A psoric patient suffering with cardiac troubles, has more or

less anxiety, more or less fear in heart diseases, while the syphilitic or the sycotic have very little mental disturbances, none to speak of, even at critical periods of the disease. They may have heart trouble for years, which causes them no special inconvenience, save perhaps occasional dyspnoea, or some pain. These patients die suddenly with no warning, they are those whose lives snuff out like a candle. Very many of the psoric heart troubles are functional, and are accompanied with much anxiety, mental distress, with pain and neuralgia, often of a sharp, piercing, cutting nature. The heart troubles of tubercular are accompanied with fainting, temporary loss of vision, ringing in the ears, pallor and great weakness, worse sitting up and better lying down; the psoric patient is better by keeping quiet, lying down usually, the sycotic patient is better by motion, as walking, riding, gentle exercise. The tubercular patients, suffering with heart troubles, can not climb mountains at all, as the disturbed circulation affects the brain and they become dizzy, faint, often fainting away when they reach a rarified atmosphere. The brain becomes ænemic at a high altitude. The oppression and anxiety of psoric patients is worse in the morning, usually, and their pains are worse from motion, laughing, coughing, etc. The stitching pains almost kill the patient when he moves. Heart affections from fear, disappointment, loss of friends or overjoy are psoric, these patients think they have heart trouble and are going to die, but the sycotic and syphilitic

patients as a rule deny that they have cardiac troubles, or they are usually unaware of it. We have psoric heart difficulties from eating or drinking, generally worse in the evening or soon after eating. Heart difficulties at night, palpitation on lying down, after eating or during digestion, which are relieved by eructations of gas, but worse on going to sleep and lying on the back; heart pulsations shake the body, and are accompanied with great anxiety and sadness. In sycotic heart troubles, we are more apt to have less demonstration of action than in psora. We have fluttering, throbbing with oppression and difficult breathing at intervals. There is seldom much pain or suffering, unless in rheumatic difficulties, when we may find severe pains, but they are not so constant or persistent as those of psora. Under sycosis we may find much soreness and tenderness which is often worse by motion of the arms. Pain from shoulder to heart, or from heart to scapula, in rheumatic cardiac troubles, is quite frequently met with in sycosis. Often in sycosis the pulse is soft, slow, easily compressible. We notice it is full, bounding in psoric fevers; and small, thread-like and quick in the tubercular. In fevers of sycotic patients, we do not find the tone or tension as seen in the psoric. Under the prolonged action of hereditary or acquired or tertiary sycosis, the valves become roughened, due to the acid condition of the system, the walls enlarged, the muscles flabby, soft and lacking power, therefore the pulse lacks that tension and that thrill is not present when we press upon the radial pulse. The sycotic patients are

as a rule, fleshy and puffy, their obesity often lies at the bottom of their dysphnoea and they are constantly gaining in flesh. In the heart troubles of the pseudo-psoric patient the reverse of this takes place and there is a constant and gradual falling away of flesh, rush of blood to the chest and face, frequently the sycotic face becomes blue, synotic indeed, there is apt to be a venis congestion or rather stagnation. The dysphnoea of the psoric or the pseudo-psoric is often painful, which is seldom the case in the sycotic. The dropsies, or the anasarcas, of psora or pseudo-psora are always greater than the sycotic, they smother or drown the patient before death takes place, but not often so in the sycotic, their life is snuffed out when you are not looking for it and when you least expect it; they drop out of existence as quickly as an electric light is turned off, perhaps with one or two severe thrusts of pain, or without pain. We hear of just such cases every day in the higher walks of life among the wealthy. Of course this state of things is hastened or intensified by diet, especially when much meat is consumed, or in wine drinkers. Whiskey or beer does not affect the gouty diathesis as do wines, especially imported or spiced wines. Beer is less harmful than the other drinks mentioned, as it is more apt to prevent the deposition of salts of the blood, that deposit themselves in the tissues in the typical tertiary sycosis or gouty diathesis, although all are decidedly hurtful to the organism in the end. This will be more clearly seen in Volume II, as we take up the study more fully, studying each disease

under this miasm (that is of sycotic origin) In psora, we must study the pulse, the circulation, the pains, the tension, the neuralgias, the palpitation and the thousand and one sensations. If the beat is not regular in psora, he soon finds it out, where in sycosis, he may never discern it until the case is far advanced and becomes truly organic, then we have the fear of psora, the restlessness, the anxiety, and the cardiac dyspnoea, the pain and many other symptoms already dwelt upon so fully There are many other symptoms to which we might give attention, but space prevents us from dealing with them farther, as we have a number of other subjects with which to deal.

ABDOMEN.

In this region we have many symptoms that are quite similar to those recorded of the stomach, such as fullness, distension, flatulence, rumbling of gas, constant commotion and movement in the colon, that keeps the patient awake at night; pain may, or may not, be one of the symptoms, but if so, the pains are often sharp, shooting or colicky. The true colic, or colic in its worst form, as found under plumbum or colocynthe, is very apt to have a sycotic element present. We see this in the colicky pains of rheum and chamomillia and in bowel troubles of children. Often the simplest kind of food produces colic or pain in the abdomen or throughout

the intestinal tract. The abdomen feels full after eating; in psora, and the pains are often accompanied with a feeling of distension or fullness. These symptoms are more apt to be worse in the morning, and are often found in children. We may find empty, gone feelings in the abdomen, similar to those found in the stomach and soon after eating they appear. Again we find a stuffy, full feeling in the abdomen, preventing the patient from eating the normal amount of food, or we sometimes find sensations of constriction, of bands or cords about the abdomen, pressure in the lower region of the liver, stitches on stooping or bending the body, audible rumblings in the bowels, sensations as if the abdomen were greatly distended or as if it were hanging down, heavy dragging down sensation, crawling, creeping before a chill, sensations as if diarrhea would set in, especially in the morning, rumbling and gurgling in the abdomen as soon as they eat or drink anything, cramps from eating certain kinds of food, or drink, such as the drinking of milk or cold water, etc., or the eating of potatoes, beans and many other foods that do not agree with these patients. Many of these patients have a tubercular diathesis, but of course, psora predominates throughout their lives, or at least it is the basic principle of their disturbances.

Hernia, while there is a strongly psoric element present, is seldom found outside of the tubercular organism. We most frequently find hernia in flabby, soft-muscled people. Hernia is due to this lack of tone of

the muscular system throughout the whole abdominal region; it is not a true psoric development. The lymphatic involvement is also pseudo-psoric, as is messentary complications. The shape of the tubercular abdomen is saucer-shaped or like that of a large plate turned bottom side up. The muscles are flabby and have an inclination toward muscular weakness. All the abdominal pains and sufferings of psora are relieved by heat, and many times by gentle pressure. Periotenal inflammations and other difficulties are tubercular, even secondary involvement (unless infection due to sycosis or other cause is present). The colic of sycosis is better by bending double, by motion or hard pressure: this it not so of psora; we often find the worst forms of constipation or inactivity of the bowels in psoric or pseudo-psoric patients. Sometimes in disease states of the abdomen, the patient is very sensitive to motion. In psora we often have a beating or throbbing as of a pulse in the abdomen, while in tubercular patients, you can often feel the beating of the carotids through the abdominal walls. In tubercular children, we find ulceration of the umbilicus with a yellowish discharge, which smells offensive, carrion-like or similar to a hepar-sulph. pus. We have this same thing in a sycotic child, with the tubercular element present, but the pus is yellowish, green, watery, thin, excoriating and offensive, often of a fishy or fish brine odor. In menstrual difficulties, we may find reflex pains, spasmodic symptoms and bearing down sensations, especially in the tubercular patient. The skin

in the tubercular person is pale, with an underlying bluish tint, showing the venous stagnation, often the veins show quite distinctly beneath the integument. The psoric or pseudo-psoric patients are easily chilled about the abdomen, causing colic or diarrhea, dysentery and many severe bowel troubles to follow. Look out for the tubercular child during the first and second years of its life; keep the abdomen and the solar plexus warm, as a chilling of the solar plexus means death to many of them. We were in the habit, in the past years, to attribute the so-called "summer complaint" to foods or to hot weather, but we were mistaken in this, as it was not the heat alone nor the diet in particular, but the much neglected protection of the solar plexus. The cold nights, or early mornings, are the cause of the majority of these cases; the evenings and first part of the night being very warm, they uncover their little bodies to get relief, and sleeping soundly on until the earth becomes cooled and the atmosphere of the room chilled, and thus we have these midnight visitations, that lie at the bottom as a secondary cause of this great fatality in children, due to bowel troubles. A little flannel bandage, as a protection, would many a time have evaded all the trouble. All this tubercular element needs is a slight chilling of the body, or even a single part of the body, to arouse a tubercular inflammation or congestion (for that is what these dysenteries are in children), and set up a conflagration that can not be extinguished before it destroys the young and tender life.

THE BOWELS AND INTESTINAL TRACT.

In this extensive region of unusual functional activity, we have a prolific field for miasmatic action; for we find that where the function of a part is complex or multiple, the miasms often bring forth or manifest their most annoying symptoms; this is especially true of the intestinal tract. Death in a very brief space of time has often resulted from some of the more malignant combinations of miasmatic action. Syphilitic children have died from bowel troubles in from twenty-four to forty-eight hours, tubercular, within a week. Often in hereditary syphilis we have seen the whole force of the disease center suddenly upon the intestinal tract and a watery discharge for twenty-four hours drain the system of its last vital drop, and death follow from exhaustion.

The diarrheas of psora are often induced by overeating; the patient being always hungry, of course often eats beyond his capacity of digestion, thus the intestinal digestion is overcrowded, which produces one of nature's own catharsis. The movements are usually watery or consist of imperfectly digested food; quite often they are accompanied with an offensive odor and with colicky pains or with a cutting colic. They occur usually in the morning, that being the general hour of their aggravation. We see this in the diarrheas of Podophyllum, Sulphur and Aloes. Tubercular patients may have this morning aggravation

in bowel troubles, but it is nevertheless a psoric aggravation, and while psora patients are aggravated by cold, the tubercular persons are still more sensitive, and the effects of colds are more dangerous to life.

In the cholera infantum, of syphilitic children, we meet with complete arrest of digestion, with purging and vomiting, with drowsiness and stupor, even to coma, or with spasms, convulsions and often death. A similar state of things is sometimes witnessed in the tubercular child, although the symptoms are seldom so suddenly fatal, yet the result is often very similar. In the psoric and the pseudo-psoric bowel difficulties, we often have gone, empty feelings in the abdominal region, sometimes it is a great weakness after stool, felt only in the region of the abdomen. In the tubercular patient, we have the general exhaustion or loss of strength, a feeling as if all his vitality is leaving him at each evacuation of the bowels. Usually the true syphilitic or tubercular patients are worse at night; they are driven out of bed by their diarrhea, sometimes this is accompanied with profuse, warm or cold perspiration, which is very exhausting and debilitating. In seven cases out of ten, the face is pale and earthy, eyes sunken, with dark rings around them, lips very red or bluish, loss of appetite, rapid emaciation, prostration and often accompanied with much thirst. As the disease advances the eyes become more sunken, the face more pale and the prostration increases until brain symptoms suddenly develop and death follows quickly. It is so charac-

teristic of these tubercular children suffering from bowel troubles to develop a sudden brain stasis or brain metastasis of some form. Sometimes the tubercular manifestations in the brain alternate with a bowel difficulty, but we do not look for any such fatal issues in psora. No, psora is not so destructive to life; no such developments arise as are found due to the mixed miasm, *pseudo-psora*.

Veratrum alba, arsenicum, camphor and cuprum met are good types of such diarrheas or dysenteries, so characteristic are they of patients of a well marked tubercular diathesis. From a state of apparent health today, they are seized with a sudden attack of dysentery and within forty-eight to sixty hours they are dead; look out for them in the month of August and the first part of September, when they are passing through that trying time of the year that tests whether they are tubercular or psoric. These cases will differentiate themselves readily, or at least with the varying of the thermometer, as the earth suddenly cools down at night after a sultry August day.

Podophyllin, too, is a remedy that fully represents a certain type of these cases, with their painless, copious, yellowish and very offensive stool, with its aggravations night and morning, as well as its aggravations from the use of milk. A tubercular child can't use cow's milk in any shape, the casein has to be modified before they can digest it at all. They thrive better on anything else than milk.

Every physician has had troubles of his own with

milk. How many times I have wished there was never such a thing as milk in existence, when these anti-milk children came into my hands. Give some of these delicate little tubercular patients a good dose of milk, and you can get a proving of anything you want out of it, from a dysentery to a convulsion or spasm, diarrhea, nausea, vomiting, colic and gastric pain of any order or degree, with febrile states, reflexes to the brain and anything to order you may ask for, these children are no friend to milk; indeed milk is their enemy.

We are at a loss sometimes to know just what to nourish them with; often we are completely baffled, but for the ever present help we find in the administration of similia, we should often fail.

These tubercular children may have diarrhea every now and again from the day that they are born until they are two or three years old. The least error in diet or exposure to cold produces it, as they seem to have no resistive force whatever, much of this is due to impaired glandular secretions in the whole alimentary tract, and often tubercular changes in the glands themselves, or to their imperfect action. Another marked feature of the tubercular babies (and what I mean by a tubercular baby in this sense is one who has any taint of the miasm present) is that when they begin the eruption of the first teeth the diarrhea often begins, or else if present, they grow worse and continue throughout the entire period of dentition, coming and going at the appearance of every

eruption of a tooth. Sometimes these attacks are violent and prolonged and often endanger the young life. Co-operative with this state of things in these pseudo-psoric patients is that loss of power or inability of the system to assimilate bone-making material from the food. There is a close relationship between this non-assimilation of the lime or the calcarious agents for bone material, and the diarrheas of these children. The membranes covering the teeth are hard, firm and unyielding, requiring great pressure to soften them so that the teeth can push their way through. This great tension, if prolonged for any length of time, together with the deficiency of bone constructing material, induces often, it seems, reflexly this gastro or intestinal war, with all its suffering to the young life. In sycosis, we see none of this; sycosis usually gives us colic, until we are tired of hearing the patients cry of suffering; occasionally it has diarrheas, but if so, they are of a spasmodic, colicky nature, and accompanied with a slimy mucus stool and with griping colic and rectal tenesmus. The stools of rheum., camomillia, mag, carb. are typical of this miasm. Psora also has a spasmodic offensive diarrhea, which usually relieves the patients of their sufferings, but they have no such exhaustion, no such persistency as we find under pseudo-psora or sycosis.

Crotin. tig. gives us a stool that is found in these tubercular children, who are strongly tainted with sycosis. Sarsaparilla has, as a rule, all the miasms present, but sycosis is especially prominent. Sanguinaria, phos-

phorus, kali-carb., tuberculinum and stannum are quite typical of the tubercular discharges; the mercuries, of course, representing the syphilitic, as fully as any.

These miasms are constantly expressing on the organism their own creative energy, which is of course antagonistic to life, sometimes we see it in lysis or by a crisis. In lysis as is seen in those slow and smoldering fires of some chronic malady, or by a crisis, overwhelming the already vitiated life force.

Sometimes in the tubercular child, the stools are ashy or grayish in color, showing lack of bile matter. Sycotic diarrheas have the most pain and the stools are forcibly ejected from the rectum Croton tig., chamomilla, laurocerasus and calocynthis and that class of remedies represent this idea. The intestinal pains of sycosis as has been mentioned, are of an extremely colica nature, and they make the patient angry, as a rule. Sycotic bowel troubles, whether they be diarrheas or hemorrhoids, produce the same irritability. They are cross, irritable, with their pains.

I have often noticed that the stools are very changeable, usually greenish yellow mucus, seldom bloody (bloody stools, tubercular), greenish, watery, sour smelling, with cutting colic; even the child smells sour in marked cases of sycosis of a hereditary nature (child smells musty or mouldy, tubercular). In severe cases of bowel troubles of a low order in the tubercular, the child is fretful, peevish and whiny, and does not want to

be touched or even looked at; prostration after stools, marked. This is not so in sycosis, and the little patients do not wish to be left alone, as when the tubercular element predominates, but are anxious to be constantly rocked, carried or moved about in some way; the colics are better by firm pressure or lying on the abdomen; they are aggravated by eating fruit, but the tubercular are aggravated by milk, potatoes, meat, by motion, or any disturbance by movement. In marked tubercular children we often notice before stools, nausea with gagging; the child gags and tries to vomit, but often does not succeed. Although we have marked cases of nausea and vomiting of all of the contents of the stomach soon after eating and drinking.

Dulcamara has a typical sycotic stool, which is yellowish, green and watery, white or green mucus expelled with much force, is acid and corrosive, like all the stools of sycosis. It, too, is changeable and worse during a falling barometer; we have the same griping colic, the tenesmus, the impatience and the irritability. Psora has a diarrhea coming on from fright, grief, bad news or any undue ordeal; also when making preparation for any unusual event; it also has a diarrhea from taking cold or the slightest exposure (from getting wet, sycosis). The grass green stools of ipecac, mag. carb., croton tig., gratiolo, arg. nit., and such remedies, are apt to be of a sycotic nature. The true psoric stool may be any color, but it is usually modified in color, generally offensive and

not very painful, it is aggravated by cold, motion, eating and drinking cold things; better by warm drinks and hot things to eat, rest, quite warm applications to the abdomen.

The constipation of psora is very marked, it is stubborn, persistent and there is no action of the bowels whatever, no desire to stool, the stool is dry, scanty, hard, difficult of expulsion, sometimes we have alternations of constipation and diarrheas, constipation with pains remote, such as headaches, pain in the liver or region of the liver; constipation with basilar or temporal headaches; constipation with drowsiness, sleepiness, stupor and heaviness, with no desire to work, constipation with foul breath, foul coated tongue, nausea and loss of appetite; constipation with no stool for days, although there is a frequent desire for stool; stool hard, comes in round balls like the excrement of sheep; stool looks dark and dry as if burnt, where there is much slimy mucus, especially if it is constant, there is apt to be a tubercular taint; or where much blood passes after stool, will call our attention to the diathesis also. Hemorrhages from the rectum always call our attention to a tubercular element in the system, although we see bleeding hemorrhoids also in sycosis, but sycosis has great pruritis and usually has a scanty, thin, watery discharge oozing from the rectum that has a fishy or fish-brine smell to it. Pin worms or intestinal worms are also of a psoric origin, but are found more plentiful in children with a tubercular taint, sensations

of crawling and creeping is quite characteristic of psora. Rectal diseases alternating with heart, chest or lung troubles, will be found to have a tubercular origin, especially is this true of asthma and respiratory difficulties; for instance, hemorrhoids, if operated upon or suppressed in any way, are followed by lung difficulties or asthma, and not infrequently by heart trouble. Strictures in the rectum, sinuses, fistules and fistulous pockets are all of a tubercular origin or of pseudo-psoric nature, but are greatly magnified by sycosis. Prolapsus of the rectum in young children will be found in tubercular also. Cancerous affections, malignant growths and such diseases have as a rule all the miasms present and especially the tubercular and the sycotic elements combined. Of course psora can never be left out of malignancies, no matter what other element may combine with it, it fathers them all. Indeed, it is first cause in all diseases or diseased states. The bowel difficulties of tubercular children are so frequently accompanied with febrile states, delirium, gastric disturbance, vomiting, purging, with exhaustive, copious stools. These tubercular children are easily and readily known by the numerous diseases they have to contend with in their childhood days. We know them by the severity of their diseases and the frequency in which we have to deal with all these acute and dangerous processes to the young life.

URINARY ORGANS.

Throughout the whole urinary tract, we find latent symptoms of all the miasms. Of the true chronic miasms, psora and sycosis take an active part in the production of disease in these organs. The tubercular element, however, will be found to be not entirely absent by any means, for it is the tubercular, plus the sycotic element, that gives us many of the so-called malignancies and severe diseases of these organs.

The tubercular patient complains of anxiety and much loss of strength after urination. Often in psoric children, we have retention of urine when the body becomes chilled; we see this also in old people; great distention of the bladder, with fullness, as if it was extremely full, is another symptom; sense of constriction, too, is often present. The urine in any psoric patient will pass off frequently involuntarily when sneezing, coughing or laughing. There is not much pain in passing urine in psora, generally a slight smarting, due often to acidity of the urine. After fevers in acute diseases, the deposit of psora is usually white or yellowish white, phosphates and similar deposits; occasionally it is pinkish or similar to iron rust. In the tubercular diathesis, especially in the nervous or neuratic patient, it is pale, colorless and copious with very little of solids present. Diabetic patients are, as a rule, strongly tubercular; you will find the tubercular physiology throughout them, with the diathesis

strongly marked. If sycosis be present, these cases are of course more malignant in their nature and more fatal.

Febrous changes in the kidneys also have the three miasms present; although the tubercular and sycotic are present in the majority of cases of Bright's disease. The urine of these tubercular-tainted patients is often offensive and easily decomposed, the odor is musty, like old hay, or it is foul smelling, even carrion-like. I have had them send it to me frequently for examination, thinking that they had some fearful and perhaps incurable kidney trouble. In tubercular children, it is involuntary at night (nocturnal enuresis) as soon as they fall asleep. It is also copious; they drench everything, it is so profuse. These cases are only cured by getting at the pseudo-psoric diathesis. This is why calcarea carb. cures so many of them. Where they scream when urinating, as found under lycopodium or sarsaparilla, here we are apt to find a sycotic element present. The sycotic expressions are so numerous, that they can only be fully taken up in the second volume of this work. The majority of those painful spasmodic symptoms depend largely upon the sycotic element, which we find affecting the urethra and bladder. Hæmaturia will be found more frequently under the tubercular diathesis, but may be found under all miasms; nightly pollutions and all involuntary discharges of semen will be found to have the pseudo-psoric taint behind them. All such weaknesses and expressions are pseudo-psoric. They all are indeed profound expressions of the pseudo-psoric taint.

Idiopathic hydrocele can claim the same parentage; you may look for the same element in prostatic troubles, except where acquired syphilis is the exciting medium. In cases where we have a constant loss of the prostatic or seminal fluid, consumption sometimes develops. These are the patients who live in gloom, with depressed spirits, gloomy forebodings, poor digestion, loss of energy, want of memory and all that train of symptoms familiar to us. Often we see a livid or ashy complexion, appetite often voracious, as the system calls for more food than it can properly take care of, when finally gastric derangements follow until the organism fails to perform any function in a proper manner. Many of the urinary symptoms of psora are due to reflexes or other diseased states, or in other words, to secondary causes, and especially is this true in women. The majority of renal difficulties, as has been mentioned, have a pseudo-psoric basis, which can be demonstrated by a careful study of all the latent miasmatic symptoms of the whole organism.

THE SEXUAL SPHERE.

In the males, many of these symptoms have already been mentioned, under our last subject, but many others may be mentioned. The action of psora upon the mental sphere, often centers the mind upon some part or organ of the body; this is especially true in certain

nervous temperaments. Their organ of consciousness, which is the controller largely of fear, becomes greatly magnified and the mind centers itself upon some part or portion of the body; often it is upon the heart and they think they have heart disease, again it may be upon the lungs or any organ, no matter where. This is frequently true in the sexual sphere and all sorts of syco-pathic sexual perversions develop in these psoric patients, probably they are even worse in the pseudo-psoric. The mind becomes fixed upon sexual subjects and they have no power of themselves to disengage the mind from this debasing influence, until many of them are dragged down to both physical and mental ruin, often to moral or even to true insanity, or to mania in its worst forms. Occasionally we see it take on some form of monomania, such as a desire to steal, burn or some other desire of a destructive nature. If sycosis is present, especially if it is acquired, it greatly magnifies these conditions. When we consider the loss of strength, the loss of energy, the lack of ability, or desire to make physical or mental efforts of any kind, save that of a mere existence, then we may have some conception of the degenerative power, that lies behind these latent hereditary productions, which are induced by the action of that hydra-headed monster psora and its co-operators, syphilis and sycosis.

In women we see probably no greater field for miasmatic action, than is found in the perverseness of the reproductive and sexual functions of that sex. In almost every

woman we meet we find some form of dysmenorrhœa and so frequently in these sufferers we find that all their complaints are intensified at, or during the menstrual nîsus. Disturbances, not only in the function of the uterus and its appendages, but not infrequently in almost every other organ of the body from the crown of the head to the soles of the feet, all of which are incurred by the presence of the tubercular element when it is present, and of course greatly magnified when the sycotic poison is tainting the stream of life. No function should be perverted in a normal, healthy organism, no function should be painful at least, for pain is always a signal bell of disease, of perverted function. We should have no more than a simple consciousness of the presence of the function of any organ, and yet we find every degree of suffering, even to the anguish of death, in any organ of the body, as it attempts to perform its simplest function, when in a diseased state or condition.

Indeed the sycotic element has such a specific action upon the endometrium and uterine appendages that when we meet acute pain, acute or active inflammatory processes, we seldom make a mistake in attributing the cause to sycosis in some form. Syphilis seldom attacks the ovaries or uterus; psora alone will not produce other than functional disturbances. Occasionally we find the tubercular pathology present, but it is so seldom that it is scarcely worth mentioning. We look upon diseases of the tubes now, as sycotic infections always. There are so

many degrees or modifications of these sycotic inflammatory processes around and about the uterus and reproductive organs, that it is often difficult to say positively that they are or are not of sycotic origin. A few symptoms that are generally present, must be kept in mind, these are the spasmodic, colicky and often paroxysmal pains, the acrid discharges, the pruritis, the painful and often frequent urination, the fish-brine or stale fish odor of the catarrhal discharges together with the mental phenomena that are usually present. On examination we recognize the mottled appearance of the mucous membrane, so constant in this disease. There are many other symptoms that might be enumerated but as our subject is psora and pseudo-psora we must not depart too far from it other than is necessary in comparison.

The sexual and reproductive organs of women, are not the less free from the influence of miasmatic action; indeed they have become great centers of both physiological, sycological, pathological and therapeutic study for our profound consideration and most serious thought. Today the destructive action of the sycotic miasm upon these organs has become an alarming factor to our strongest therapists and our best pathologists. How often the surgeon has to be called in to remove a part or even the whole of the reproductive organs of women, who have gone beyond the power or help of the therapist, often because he is not familiar with the nature of the sycotic miasms action upon, not only the reproductive

tract, but upon the whole organism of women. His therapeutic knowledge does not reach that far; the physician has for centuries been studying suppressive measures, which will dissipate the disease action of psora and pseudo-psora; when the new element (sycosis) appears, he thinks he can do as he has always done, suppress it; but later on, he finds that a suppression of its catarrhal manifestations gives it a new impetus, a renewed power and energy, and that new processes often develop of either a malignant, destructive or inflammatory nature, that baffles all his therapeutic efforts. Why? Because he is not dealing with the same slow insidious elements and processes he found present in psora and pseudo-psora; he, never having been schooled in the history, character, and action of miasmatics, can often distinguish them by name only.

The menstrual anomalies of tubercular patients, are in themselves often severe pictures of sufferings and of miasmatic action. The first to be thought of is an exhaustive, and often a prolonged and copious flow, to be found in these cases. The hemorrhages of bright red blood, are sometimes accompanied with vertigoes, fainting, and with pallor of the face, which is worse by rising from a recumbent position. Quite frequently they are too soon, appearing every two or three weeks; they may or may not be painful, but are always exhausting. She feels badly a week before they appear, suffering in many ways with headaches, backaches, gastric disturbances, neuralgias, etc. Occasionally the menses appear with diarrhea, with epis-

taxis, with febrile states, optical illusions, roaring in the ears, sensitiveness to noises, loss of appetite, abdominal pains, nausea and bitter vomiting. The psoric element is of course very marked in these cases, as well, usually flows of psora are bland, while in the sycotic they are acrid, excoriating, biting and burning the pudendum. After the menstrual flow the tubercular patient looks pale, with dark rings or circles about the eyes, or hollow eyed, with a worn and exhausted look upon the face. Hysterical symptoms frequently arise in these cases of any form or degree of severity and often they are the most difficult cases we have to treat.

Quite frequently the flow is pale, watery, and long lasting, as seen in *calcaria carb.*, *ferum*, and such remedies. The extremities are usually cold and often the menstrual flow will induce general *æ*nemia in young women, whose ages range from seventeen to twenty-one. They become "chlorotic" as we say, due to the death of many of the red blood cells, which as we have already seen, was due to the specific action of this miasm *pseudo-psora*. Not infrequently the complexion becomes pale, assuming a yellow or ashy hue, accompanied with starchy or watery leucorrhœas, palpitation of the heart, faintness and loss of vitality generally; later on general weakness, flushing to the face, vertigo, ringing in the ears, hoarseness, dry, tickling, spasmodic cough, and finally a true tubercular condition develops. Many of these cases have mental symptoms accompanying those already given, such as great sad-

ness, gloomy, anxious, full of fanciful notions, forbodings with much fear, extreme sensitiveness, nervous, irritable or inclined to weep. Occasionally they will pass through the whole menstrual period until its close, with very little annoyance or suffering, to be followed with prosalgias of a prolonged and most distressing nature.

These are a few of the many symptoms that arise in these tubercular individuals, but volumes might be written in order to cover these cases fully. I have said nothing to speak of about the pains, neuralgias, spasmodic and reflex symptoms and sufferings of those patients, who suffer from retroversions, retroflexions and other malpositions of the uterus. Usually in marked cases of the diathesis, the uterus is retroverted or retroflexed and many of their sufferings date from some time soon after puberty, within a year or so at least. We have the same relaxed muscular system throughout; these patients becoming easily exhausted, easily tired, menses copious, too early and long lasting and accompanied with backache, headache, reflexes of all kinds and a long train of symptoms peculiar to this class of women. Their labors at childbirth are often difficult, severe, prolonged, exhausting, and many of them are unable to nourish their children at all. Displacement, prolapsus and all that train of symptoms are apt to follow with a history of subinvolution and general bad health.

This picture is not at all overdrawn; indeed we see it so frequently in our practice, that we often wish it were our good fortune not to meet these cases so frequently.

Hahnemann called these patients psoric, but they are more than psoric, they have combined with psora, an element that develops a train of symptoms that in which psora can only take a part. Most of these patients are of a motor or sanguine-motor temperament.

In psora, we may have almost any kind of a flow, but it never approaches the hemorrhagic form found in pseudo-psora. It is more apt to be scanty, indeed the patient will complain of its being of too short duration. It is generally offensive, often extremely so, yet it may have none of these characteristics, except that it is not as profuse as we found under the tubercular diathesis. We find not infrequently, an intermittent flow; it stops and starts. Indeed the dysmenorrhoea of psora, shows itself very early, at puberty and at the climatic period. The pains are usually sharp but never assume the colicky, spasmodic nature which we find in sycosis or when we find the sycotic taint accompanying the psoric or the pseudo-psoric combine. The menstrual pains of sycosis can well be understood from a study of some of our remedies, such as colocynthus, mag., carb., phos., Crocus, Satica, Sepia, Lac; canium, Caulophyllum and others. There is another class that represents the rheumatic element in sycosis, which may be studied, such as rhus, Tox, Bovista, Actea; rac bry, Cham, Colch, Cyclamen, Dulcamaria, Gelsemium, Phytolacca, Pulsatilla and others. Sulphur probably gives us a broader conception of the psoric diathesis, than any other remedy, yet it is such a deep acting remedy that it

will cover even the pseudo-psoric constitution. The sycotic menstrual pains are spasmodic, extremely sharp, colicky, coming in paroxysms, the flow often only with the pains. It is offensive, clotted, stringy (psoric clots, small), clots large, dark, even black (flow bright red, the tubercular or light colored and watery.) The flow of sycosis is seldom bland, usually excoriating and acrid. In patients with a tubercular taint we occasionally have cholera-like symptoms, such as nausea and vomiting, extreme purging from the bowels, with diarrhea or dysentery, fainting, cold sweat on the forehead, but the flow is seldom if ever clotted, it is usually fluid-like, profuse, light red, watery and seldom offensive and not infrequently it has the odor of fresh blood.

The leucorrhœas of the tubercular are generally purulent but may be watery mucus. They are often debilitating and worse before the flow begins or immediately after. The leucorrhœas of psora are scanty, not exhausting, have nothing peculiar about their color, in fact they may be any color, but they have not the deep, thick, yellow or yellowish green of the tubercular individual.

The leucorrhœas of the sycotic patient are thin, look like dirty water, greenish yellow sometimes, scanty, acid, producing biting or itching and burning of the parts. The odor is that of stale fish or fish brine. Occasionally the leucorrhœas of the pseudo-psoric are lumpy, thick, albuminous or purulent, smelling musty. In sycosis they may be pungent or like that of a decayed fish; the patient is

forever taking douches on account of the odor and the acidity of the discharge. Often the discharge produces little vesicles or excoriations on the pudendum, which are a source of great annoyance to the patient. In marked cases of the sycotic leucorrhoea often the mental symptoms are to be carefully considered as diagnostic in the differentiation of these different forms that come to our notice. We will have to study the other psoric symptoms of our patient, in order to get a clear picture of the menstrual phenomena. Many of the reflexes, such as headaches, heart difficulties, coughs and mental symptoms, are due to a deep psoric taint. Yet they are greatly magnified in a tubercular diathesis. Many of the ovarian or tubular symptoms that develop during the menses, are dependent more on sycosis than to any other miasm.

UPPER AND LOWER EXTREMITIES.

Stiching, shooting or lancinating pains in the periosteum or long bones of the upper or lower extremities, *syphilis*, shooting or tearing pains in the muscles or joints, *sycosis*, pains in fingers or small joints; *sycosis*, neuralgic pains may be either psora or pseudo-psora; they are usually relieved by quiet, rest and warmth. The syphilitic pains are worse at night, or at the approach of night; they are also worse by change of weather, by cold and damp atmosphere. The sycotic pains are worse by rest and the patient is relieved by moving, by rubbing,

stretching, and better in dry, fair weather, worse at the approach of a storm or a damp, humid atmosphere and a falling barometer or becoming cold; heat does not always relieve a sycotic patient, stiffness and soreness, especially lameness, is very characteristic of sycosis. They are worse stooping, bending or beginning to move. Psora often is worse by motion and better by rest and warmth. Tubercular joint troubles have increase in osseous tissues, nodular growths similar to syphilis. The bones are soft, rickety and curved, as seen frequently in bow-legged children. They lack the hard earthy matter necessary to make a firm bone. They are so soft and flexible, that many times in children they will not bear the weight of their body, therefore when children first begin to walk, the feet become deformed or the long bones become curved or bowed like a barrel stave. Nothing but the syphilitic element will make these changes as we find them in these pseudo-psoric children. The periosteal difficulties in pseudo-psora are due to periosteal inflammations or tertiary or tubercular changes in the bones themselves, while the pains in the joints or periosteum from sycosis, are due to gouty concretions, or chalky deposits in the tissues themselves, conveyed from the circulation. The tubercular and syphilitic bone pains are very similar, both as to their character and times of aggravation. In the arthritis of sycosis or rheumatism, we have an infiltration of inflammatory deposits, but it readily absorbs and is never formative as we find in syphilis and tubercular

changes, which are permanent unless dissipated by treatment.

In the nails we have many inflammatory changes, due to syphilis and tuberculosis. We have in both, true onychia, though not of such a specific character in the tubercular process as in the tertiary syphilis; yet they are very similar in their nature. Paronychia is another common tubercular inflammation we may meet with in those pale skinned, ænemic tubercular subjects. Pustules form often on the lower extremities or about the fingers or hands. The nails of those patients are brittle, break or split easily, often we have hang nails, which are so characteristic of a tubercular taint. It is an unfailing sign. In sycosis the nails are ribbed or ridged, but in syphilis or in pseudo-psora they are thin as paper, bend easily and are sometimes spoon shaped, that is, the natural convexity is reversed. Many of the tubercular nails are spotted or show white specks in them here and there. Sometimes the anterior edges are serrated or slightly scalloped. When we find this, we also find a thin spoon shaped and paper-like nail. Not infrequently, with no warning whatever, we have pustular inflammation about the nail. So often the nails drop off and grow again. The periosteal inflammation, commonly known as felon or periphallangeal cellulitis, is truly a pseudo-psoric inflammation as are other periosteal changes. We have many others, which will be dealt with under skin eruptions. The fingers of tubercular individuals are long and do not taper gradually but are

blunt or club shaped at their extremities. This long fingered individual with the lengths so irregularly arranged, is characteristic. Often the hand is thin, soft, flabby and easily compressed, usually very moist or often cold, damp, perspiring profusely.

The same thing may be said of the feet. This coldness of the hands and feet is very marked but the patient is not always conscious of it. In psora they are dry, hot, often with burning sensations in the palms and soles. Of course we meet with this often in the tubercular patient but it is nevertheless a psoric symptom. Occasionally this dryness and harshness is a source of great annoyance to the patients, we notice it as soon as we touch them, on the other hand, we can never fail to recognize the sign of the true tubercular taint, by taking hold of that long fingered, cold, damp and chilly hand, that almost chills you to the touch as marble would. The soft, flabby, non-resistant muscle, the clammy perspiration, the translucent nail, the flat imperfect curve, the uneven and ridged, pale matrix, the hang nail, the tendency to imperfect curves, especially in the nails of the feet, the ingrown nail, the tendency to ulcerations, and induration and abscesses where the system is very deeply impregnated with psora, the perspiration is sometimes very offensive, carrion like, rotting the hose often, which is a great source of annoyance to these patients. We see such types of pseudo-psora in the action of such remedies as cal. carb., baryta-carb., Baryta-iod., iodine, silica and that class of remedies, whose action

is deep and long lasting, partaking of both the tubercular and the psoric element. Notice their perspiratory secretions, their action upon the skin, glands and secretory apparatus, all of which are involved in pseudo-psora to any degree of physiological and pathological changes, due to the powerful action of these two miasms. Probably no other parts of the body reveal to us more typical demonstrations of their action, than that found upon the extremities, or parts remote from centers of circulation, which are apt to manifest their latent symptoms more clearly. Cramps in the lower extremities, in the calves of the legs, in the feet, toes, ankles and insteps are usually of a psoric nature, although found more frequently in the pseudo-psoric. In psora we have burning in the soles of the feet, numbness of the extremities with tingling sensations, feeling as if the parts were going to sleep, worse lying down or after sleep, or if any pressure is brought to bear upon the part, as lying lightly on the arm or crossing the limbs, etc., prickling or tingling in the fingers or extremities, due to poor circulation, coldness of single parts, as knees, hands, feet, ears and nose, etc. Often there is a constant chilliness. In psoric patients, when suffering from any disease or slight ailment; we find them hovering over the stove or over the radiator. They can not leave it without suffering from cold. Again in the pseudo-psoric, the warm air of the room is extremely annoying to them; the pseudo-psoric can not endure much cold yet they can not endure much heat.

Chilblains are based upon all the miasms. We have the pseudo-psoric taint with a sycotic element as a basis; this is why they prove such a dreadful disease producing agent, when suppressed by local measures. Any expression of disease may follow their suppression, even to malignant or spasmodic disease. I have traced chorea, and many other severe nervous disorders, to a suppression of chilblains; more will be said of it and cases given to demonstrate this fact in Volume II of this work. Corns are found in the pseudo-psoric; these and like classifications of hypertrophies are found in the tubercular taint. Boils are usually psoric but they may depend on both the psoric and pseudo-psoric influences, the small, sensitive, painful and non-suppurating kind are truly psoric, but where we have much supperation, we will find the tubercular element present. They are a good omen often, especially so after giving an anti-psoric remedy, although sulphur will produce them if repeated often and they be mistaken for an idiopathic condition; paralytic disease, edematous swellings, anasarca and such diseases are either sycotic, syphilitic or pseudo-psoric, there may be any degree of a psoric element present, but what we wish to make clear, is that psora alone does not produce these diseases, there must be more than psora present to develop such deep destructive diseases. Talipes and such deformities in children are also pseudo-psoric or syphilitic. We might mention many other conditions in children due to this pseudo-psoric element, and yet not exhaust this subject. We find general

muscular weakness or loss of power in the ankle joints among these children, they stumble and fall easily, they are clumsy and awkward and lack co-ordination or complete muscular control of themselves, thus they are forever falling; indeed they will stumble over a straw; they drop things easily out of their hands, they have no surety in themselves whatever; they tire easily in walking, and especially in climbing a height. The psoric patient can walk well, but it kills him to stand still; this is such a positive symptom of psora that it can always be depended upon. The tubercular patient is short-winded; a short mountain climb gets him all out of breath or the climbing of fifteen or twenty steps of stairs tires the patient out. They can always descend better than ascend. White swelling of the joints or edipathic synovitis, even the rheumatic forms have this tubercular element very marked. Of course the rheumatic form has a mixed miasm or the sy-cotic taint, combined with the pseudo-psoric. We also find the pseudo-psoric element in what is known as drop wrist, or in all edipathic weakness or loss of power in the tendons about the joints. In children and young people, we find the ligaments about the joints are easily sprained, the ankles turn very easily from the slightest misstep, the wrists show the same weakness in these soft and weak muscled individuals playing the piano or operating a type-writer, causes swelling, soreness or pain in the wrist joints, and sometimes bursæ form suddenly from these causes, or they become lame easily or there is sudden loss of strength.

This muscular insufficiency is seen all throughout childhood and early youth ; these are the individuals that have no strength to develop themselves through physical culture or gymnastic exercises. Indeed they lack energy as well as strength, and although they may be induced to try these exercises, they soon give them up for lack of vigor and strength to continue them. Many of these patients look robust and well nourished, but when they are brought to the test they have no endurance. Their exhaustion is restored only by much rest and especially long sleeps. Many of these young people are forced to labor far beyond their strength, but because of their apparently well nourished and robust appearance, they do not get the sympathy they deserve. The basic principle of strength, is in the basic elements that the red blood cells have builded up from having all the true protoplasmic elements present, that go to make up a healthy blood cell ; but in pseudo-psora many of these elements are in excess and others deficient, thus limes and silicates are deficient in these patients, while we usually find the muscular and adipose tissues greatly in excess.

SKIN.

We have already stated that all skin eruptions are either secondary or tertiary expressions of miasmatic action. The skin is the mirror or the reflector of the internal stress, the internal dynamis, the internal workings

of this human machine. It has in the skin, its reflectors, its kaleidoscope, its kinetoscopic views of its internal movements, and its multiple shadings of disease, its lights and its shadows that go to make up a picture, thrown upon that human canvas, the skin, showing much of perverted life action in the organism

Pathologically speaking, we look upon the outer man for signs, for markings or pencilings that tell of the kind of life within the organism itself. Sometimes these pencilings are like shadowgraphs, showing only faint tracings of the presence of a latent miasm, and again they may be well defined and well developed even to physiological changes of form, color and proportions.

When we look upon these lesions of the skin as local states or changes in itself, we simply ignore that co-operative principle that rules throughout the organism as a whole, and we attribute that power to a part and not to that which governs the whole. Therefore our therapeutic efforts are themselves misdirected and instead of directing the perverted life forces aright, we misguide them, bringing about nothing but *Babylon* or confusion.

It was upon the skin that Hahnemann first saw the true psoric vesicle; it was there he first became familiar with psora as it came forth or receded under the potent influence of the applied law (*similia*). It was there that the mysterious veil was rent or lifted and he was permitted to look into the psoric mystery and see the true etiology of disease. It was in his study of disease

that he saw the *hemorrhage*, the *menorrhagia*, the *persistent local pain*, the *abnormal growth*, the *vertigo*, the *nervous attack*, the *spasm*, the *convulsion*, the *mania*, the *moral insanity* and a thousand other things that might be cited, disappear forever, as a local expression of an eruptive disease presented itself upon the surface of the skin, and as he watched these multiple presentations that appear often so mysteriously from within, so we today look for relief and for cure through the same natural processes or metamorphosis of similia.

The skin of a psoric patient is dry, rough, dirty or unhealthy looking, and not only that but it has an unwashed appearance, and the more you bathe it the rougher it becomes, as it can not endure water. In pseudo-psora, this is magnified in such diseases as eczema fissum and itching of the skin. Pruritis of the skin is always a psoric symptom.

There is very little suppuration in psoric skin diseases; they are apt to be dry, with scanty suppuration, seropurulent and occasionally bloody. Quite often the eruptions are papular in form, accompanied with intense itching. Sometimes the eruptions are papulo-vesicular in form, accompanied with intense itching. If pustular or vesicular, they are nowhere as marked in their suppurative process, as we find in the pseudo-psoric. The syphilitic eruptions are found about the joints, flexures of the body or arranged in circular groupings, rings or segments

of circles. The color is significant, copper colored or raw-ham color, brownish or very red at their base. Psoric eruptions are as a rule the color of the skin, unless an inflammatory process is present. There is no itching in the syphilitic and very little soreness, itching is wholly a psoric symptom, the vesicle is also a psoric lesion when found in non-syphilitic cases. The scales and crusts of syphilis are always thick and heavy, while those of psora are thin, light, fine and small and usually quite general over the affected part; for instance, if the scalp is affected in psora, the scaly condition is quite universal, while in other conditions, like syphilis or sycosis, it is patchy or in circumscribed spots. Of course, such diseases as psoriasis have to be differentiated. Often the skin loses all moisture and becomes exceedingly dry and free from oil or from the sebaceous secretions; we recognize it by the touch in psora. If it is very oily or greasy, we will find the sycotic element present or the pseudo-psoric. Skin affections with glandular involvement will necessarily have the syphilitic or the tubercular element to conform with the glandular involvement. When we look into such skin diseases as Ichthyosis (fish skin), we will find all the chronic miasms present, and where we find them all present, we usually find an incurable skin disease, especially if hereditary.

In Ichthyosis we see the dryness of psora and the squamæ of syphilis, and often the moles and warty eruptions are present, showing the sycotic element. In the varicose veins we find the tubercular taint predominates

and it is in these patients we see the varicose ulcer, the last skin lesion to make its appearance in a case of ancient or hereditary syphilis, that has already become and now is, largely pseudo-psora. In ecchymosis, or in fact, any form of purpura, we can easily recognize a pseudo-psoric basis. Even in continued fevers like typhoid, we see this in the petechial hemorrhage into the skin. The wondrous variations that we find in eczema are in themselves a miasmatic study and often a great problem to decipher as to their miasmatic origin, from the papular eruption of psora to the pustule of the pseudo-psoric. In eczema exfoliatia, we see all the chronic miasms reflected therein and more particularly the sycotic element. We often see them all present in such diseases as erysipelas, carcinoma, epithelionia, lupus; lupus always has the three miasms and the features of each are easily recognizable to the experienced student of miasmatics. In acute exanthematous diseases, we can readily detect the tubercular patient from psoric by the severity of the attack, the appearance of the eruption and the tendency to secondary complications. This is clearly seen in measles, scarlet fever and such diseases. Not infrequently we have cases where the vitality of the patient is so low that we are unable to assist nature in bringing forth the eruption. This lowered vitality is always dependent on a tubercular dyscrasia. Herpes are found in the tubercular and some forms, such as circinnatus and herpes zoster have a sycotic basis, which we have to deal with largely in our treatment of these cases. In

most cases of *lithen*, I have seen this sycotic principle combined with a tubercular taint. Many forms of urticaria can be traced to patients who have a tubercular dyscrasia. Psoriasis has a syco-psoric foundation and this fact has been recognized by a number of pathologists; of course they call it a lithic state, which means the same thing; variola and that class of diseases comes under the same catalogue. In diseases of excretion and secretion, such as Hyperidrosis and Bromidrosis, we see them only in the pseudo-psoric. Anidrosis is of course psoric, but will be found also in the pseudo-psoric. In urticaria we see the psoric element cropping out in the pruritis, yet it is in the individual with a tubercular taint and especially in women and children, that we see the more marked manifestations of urticaria. In abscesses and ulcers of the skin, this element is always uppermost and of course is active in their production. Freckles upon the skin are also quite significant to these fine, smooth, clear and transparent skinned patients, with an underlying pseudo-psoric taint. Psora has no such a smooth, clear skin as we find in these freckled patients; indeed, psora has just the reverse, a dirty, dingy, muggy skin, showing more or less papules and other eruptions. Goose flesh, commonly so called (*cutis-angerina*) is another pseudo-psoric state, induced in these easily chilled patients, who are disturbed by the slightest chilling of the surface of the body, causing the superficial circulation to recede. Indeed, their cutaneous circulation is very easily disturbed, inducing

colds and catarrhal conditions of the head and throat. Of course psora may be at the bottom of much of this, but what I wish to emphasize is, that this condition of the skin is found in the pseudo-psoric individual, Nat. mur. Hep., Silica and such remedies are a good illustration of this pseudo-psoric manifestation. Injuries to the skin, especially slight injuries, heal readily in the ordinary psoric patient, with little or no pus formation, but it is in the pseudo-psoric individual that we see the abscess arise, the ulcerative process, the copious formation and elimination of this pus element, far beyond that necessary in the ordinary healing process. The same thing can be seen in our surgical operations, if we study the miasmatic basis of our patient, we will readily see why we have stitch abscesses in one case of abdominal operation and not in another; by no means are the antiseptic precautions always at fault or the suture material to blame. These cases come where the closest attention has been given to these facts and where nothing has been left undone to make the work a success. If the sycotic element is present as it is in the majority of abdominal operations, the possibility of stitch abscesses or pus products is greatly increased. A few experiences of this kind, together with a careful study of the miasmatic basis of our patients, will reveal this truth fully to our minds. Condylomata anywhere in the skin have sycosis or are of a syco-syphilitic nature.

In gangrene or gangrenous spots upon the skin of an edipathic nature, we will of course always find a syphi-

litic or tubercular taint in the organism unless it is due to medicinal causes. In the dry gangrene, of which I have seen a great number of cases, a syphilitic infection was always present. Of course this may not always be the case, but it has been my experience to find this true in every case I have examined. Insect stings from a bug or bee, etc., and like causes, affect these patients with a tubercular taint very decidedly, even more than they affect those suffering from a simple psoric condition. It is surprising, the reflexes that develop in these cases; this is also true in patients suffering from punctured wounds of the skin; they do not recover from these slight injuries and are so liable to tetanus, spasms, or some severe reflex condition that endangers life.

Impetigo is another skin eruption of an inflammatory origin and will be found, as a rule, in pseudo-psoric individuals. I have made a careful study of this disease and find it largely in these patients. Its unknown contagious principle, however, is likely to be found, from the fact that these psoric patients take every disease that comes along (as we often remark), whatever may be the basic element in its origin.

New growths are in themselves a life study; when I speak of new growths, I mean all of a benign or malignant origin; all are due to miasmatic origin and to miasmatic influence upon the life force. When we speak of new growths, we mean of course, false growths, abnormal growths, or falsifications in parts and organs of the body.

A perfectly healthy organism can and does nothing else than to fulfill and carry out its normal function in the organism. It is only when that function is disturbed that pathology is given its birth. Pathology is but a wrong way or a wrong movement in the life action, hence new growths are the results of false movements or false action, prolonged, of course. Now, while their primary or predisposing cause may lie in psora, we do not find false growths or abnormal growths in those patients that have no other miasmatic basis but psora. A close investigation will reveal other miasms to be present and to be co-operative with psora, and these are either the tubercular or pseudo-psoric element, often the sycotic combined.

In lupus, we see all the miasms, both in the erythematous and the vulgaric forms.

In epithelioma, the pseudo-psoric is the prominent miasm or the tubercular; it is seen in the tuberculosis of lupus, also. The sycotic poisoning always lends new vigor to any malignancy. These are the incurable cases that have all the chronic miasms co-operative in abnormal growths. How often we have noticed that people suffering from tumors, whether of a benign or malignant nature, have a thin, pale skin, or if the body is well nourished, there is a certain clearness about it that is characteristic of a tubercular taint; in the skin there is also a certain transparency, the blood vessels, especially the veins and capillaries, reflecting through the tissues as they lie beneath. It is in the tubercular or the syphilitic that

we see much scarring and an increase of cicatricial tissue, quite often the cicatrix is atrophic, or it seems to lie below the level of the surface of the skin, as if it was not completely filled in. It is in the tubercular constitution that such scarring and deformity after ulcers, burns and scalds are found and the ulcers preceding the scar are usually deep, destructive and have a copious exudation of pus.

In leprosy, we have another destructive process of tubercular origin, even to vicious and unprecedented deformity. It is in the lymphatic temperament, a temperament in which the tubercular element thrives very luxuriantly, and especially is this true when the lymphatic temperament is beginning to fully show itself (fortieth year) that we see our malignancies come to the surface. It is in the lymphatic that we find such a rich soil for that sexual disease, gonorrhea and syphilis; it is in the lymphatic that the glandular system is so frequently involved and in which rapid and destructive processes take place. It is in the tubercular we have so much difficulty to eradicate from it syphilis (acquired) or gonorrhoea. It is in these systems that we have the prolonged tertiary processes and the tertiary lesions, that are persistent and stubborn. The gonorrhoea runs into a gleet discharge, and strictures, pockets and metastasis forms, or we have metastasis to the ovaries, broad ligaments, tubes, uterus, rectum and all such complications with which we so frequently meet. It is the tubercular diathesis that complicates all our skin diseases and make them so diffi-

cult to remove. In the fibrous growths, we have all the miasms present, the displacement of other tissues for the dense, white and fibrous formations which we find in fibroma, which is due to one of the deepest and most profound miasmatic changes conceivable. Not long ago I saw a case of skin disease in a young woman of about 30 years of age which consisted of fibrous growths all over the body from the size of a large pea to that of a cherry, on close examination of the case I found all the miasms present; although all were of hereditary form, there was the dilated capillaries of the tubercular or the pseudo-psoric; the dry, dirty skin of psora; the verruca of sycosis; the moles with their hairy tufts of syphilis; the red pinhead sized sycotic mole, besides she had the family history of tuberculosis on her mother's side. It would require years of treatment to make any impression on such cases, in fact, many if not all of them are incurable. In *Nervus* or congenital markings of the skin, we see all these miasmatic elements present; these warty, pigmented growths, these wine-colored patches, all have an underlying stratum of sycosis, as well as of *pseudo-psora*. We then see them all also in elephantiasis, in the vegetable parasitical pest as seen in tinea. We see the animal parasite in the psoric and pseudo-psoric; probably no skin diseases show such a special form of sycotic expression as we find in *Tinea barbæ*, *Tinea tonsuraus*, *Tinea vesicular* and similar diseases of the face, scalp and other parts of

the body, when they are suppressed, they develop further sycotic difficulties of a sycotic nature.

Many forms of pruritus have all the miasms present and in severe cases we always recognize psora and sycosis, especially those developing about the sexual organs, or anus, and nose. I have seen some of these cases, especially those of anus and the rectum, so severe as to almost drive the patient to distraction, when the sycotic element was counteracted by a suitable remedy, the patient got immediate relief. Medorrhinum has often done this for me and there are many other remedies to be thought of, such as *Abrotanum*, *Aesculus*, *Nat. mur.*, *Rhus Tox.*, *Rhus. l'en.*, *Sabadilla*, *Sepia*, *Agaricus*, *Cannabis Sat.*, *Dolichs*, *Gambogia*, and others. (See Pruritis, page 206 to 213, DISEASES AND THERAPEUTICS OF THE SKIN.).

Eruptions suppressed by local means have produced, according to Hahnemann, the following diseases and conditions that were observed in his own practice: Dyspnœa, two died of suffocation, five had difficult breathing and general anasarca, where itch was suppressed, one had infiltration of the pericardium, one had pneumonia and died in about a week; many have died of chest diseases, says Hahnemann, where *scabies acarus* was suppressed; Tinea, suppressed, has produced asthma, convulsions and death in a number of cases. All throughout Hahnemann's experiences, the suppression of pseudopсорic eruptions produced hemorrhages, spasms, convulsions, coma and death. It has also produced reflexes of all

kinds, nervous disorders, asthma, paralysis, stomach and intestinal disorders, catarrhal conditions, chronic coughs and such disorders. Where the tubercular taint is present we have had dyspnœa, infiltration of the lungs, pneumonia, chronic lung affections, tuberculosis and especially chest diseases.

Where sycotic skin diseases were suppressed, we have had malignant growths, especially where the psoric taint was marked or the tubercular element was clearly present, cancer, lupus, vulgaris, and lupus erythematosus, cardiac difficulties, carditus, pericarditus, dropsy of the pericardium, valvular lesions of all kinds, epilepsy, apoplexy and lesions in all parts of the body. How careful we should be to not suppress any local manifestations of one of these chronic miasms, knowing not what the outcome may be, for, possibly by so doing, we may have started the organism in its downward course to death, instead of directing it in the right direction, whereby it might receive the blessing of its healer, the true physician, and not his curse. Then let our work show for itself, let it demonstrate that it is of law, by its vivifying, refreshing, recreating, uplifting, encouraging and healing process in the suffering one, let the patient speak for the true process of healing by the cures we make, yes, let the new power and new vigor given to the lagging life forces, *answer, God is in this work and it is his way, for his way is the way of law.*

"It is impossible," says Hahnemann, "that a rational

physician, after these examples shining clear as the sun, should still continue to assail the body as hitherto done." Then let us draw together, after having read this work, and if we can not fully imitate the Master Hahnemann, let us at least make an effort to know this law of cure, which like Portia's blessing, "blesseth him that gives and him that takes," for it becomes us better than a crown.

"Humanity is an army on the march," says Savage. "Many of them are sick " If the unscientific methods of today continue, the whole army will soon be fit subjects for the hospital or the camp."

When we take into consideration the false cures and the suppressive measures used in the eager attempt to satisfy, or to show results that approach in some degree the semblance of a cure, together with the lust for gold that has so lamentably taken hold of the physician of today, who should, above all men, be free from the power of its fetters and bands, little wonder that we desire a reform.

When humanity falls, we should lift them up, irrespective of nationality, caste, class, color, or race, for all are humanity and all are sick from the same cause, and have the same weaknesses, the same sufferings and deserve the same pity and the same help, for the same God ruleth over all, and if we are his true physicians, then these are all our children and we are subject to their cry for help.

If we would know the truth as taught by Hahnemann, we must get away from the influence of those teachers who have no faith, no experience and no knowledge of this law of cure. We must put ourselves under the influence of, and in personal contact with, men of large faith and of broad knowledge of this law, and who are enthusiastic in advancing the truth, who live out this truth in their practice and who will not yield to the temptation to resort to those uncertain methods, experiments and makeshifts of tradition or of modern medicine

With such a foundation, we are ready to build our superstructure and do justice and honor to the cause of Homœopathy.

If our children (students) call for bread, shall we feed them stones? No, we can not satisfy their hunger with false doctrines, and should we attempt it the reflection is forever cast upon the false teacher and his false doctrines

Friends of Homœopathy, wake up! The time has come for your light to shine. There are a few leaders who are working with all their might for the truth they represent. We can not all be leaders, but we can at least be supporters of those who are, lending a helping hand. False prophets are on every hand and we must "keep watch and ward," for as one has said, "eternal vigilance is the price of liberty"

There is no Golden Age coming to us, we must make it ourselves; the prophetic inspiration must be in

you that have the light within you. Then let us keep our lamps burning at their full brightness, speaking the truth, living the truth and sealing it by our workmanship through the law, letting the voice of the heralded one echo an answer down through the ages, so that the coming generations may know that we were lights in this world of darkness, and that we were known by our light.

We must have a greater and a larger faith, for true knowledge is only born of faith; sin, error, and confusion come in when faith goes out, and man recedes back to his own reasonings, "which are vain and imaginative."

The Greeks were the wisest people of their age, and even today their knowledge is our classics, yet we see that "the world by wisdom knew not God" (1 Cor. 1:21). When Paul the Apostle visited Athens, that great center of learning, he saw a sculptured image to an unknown God (which God was the true God) yet, through their wisdom they had lost sight of Him, therefore knew Him not. So the wisdom of this world comes in a cloud to overshadow the light, and we lose sight of God's laws and His principles, thus, in our blindness, we create false principles and false methods to take the place of truth. This is just what has taken place with the teachings of Hahnemann. Men would displace them, even his *mighty Organon of principle*, for their vain, unscientific reasonings and imaginings, until the teachings of these false prophets bring us as slaves to Babylon, until our Israel of power and truth would vanish from the earth. Then it is

that our death processes multiply and pathology becomes more complex, disease more difficult to cure, and we become vassals to makeshifts, the splints and the bandages of tradition are returned to us and we are disrobed of our former power to heal the sick, because we have lost sight of the basic principles of our law. When law disappears, doubt comes upon the throne, and with doubt comes darkness and the vanishing of light.

A true Homeopathic education, however, knows no doubt, faith takes the place of doubt, for nothing is brought into that education that savors of doubt; nothing is brought into it but what strengthens our faith and builds up and makes strong. As we advance in its knowledge, every doubt disappears, every false teaching that we may have hitherto believed, is expunged. A new revelation comes to us. As we become followers of law, we become followers of light until we are lifted up beyond the clouds and misty exhalations of the world's knowledge, and as we enter the doorway of truth we see the falsity of all that which is not in harmony with Hahnemann's *Organon* of medicine, and with his precepts and principles. What I mean by world knowledge is the knowledge which we call empiricism, which has only man's experience behind it, a thing not to be accepted alone in medicine. Mechanics is built on true principles, and has power, and is in agreement with true science and the mechanical laws. "It is the testimony of the few," says Dr. P. P. Wells, "who make and observe experiments

which constitute the additions to the sum of human knowledge, as possessed by the many." This should not be so, but, nevertheless, it is true, yet how zealous are these men who do investigate for themselves; they become all of one mind and one accord, by virtue of all having the truth, for truth makes them as of one mind and as one man. Nothing but truth unifies, and when we take hold of truth, we place ourselves in the pathway of divine circuit, whereby we are able to analyze law, which is the wisdom of our Creator. Now, knowing law, we become as an Archimedes of power, drawing from the central source of power by our obedience to the demands of law, but being without law, we are simply powerless, a mere nothing, a vessel beached upon the sands, void of power. In fact, our ability in any sphere of life, is in proportion as we comply with, or as we draw upon, law.

To be governed by these principles of Homœopathy is to be governed by truth, to be governed by truth is to be governed by law and to be governed by law is to be governed by Omnipotence.

Every student of Homœopathy is a student of nature, studying the phenomena of natural laws, and scientists in the laboratories of the force world, comparing the laws of biogenesis with the laws of similia, so that "every new development makes us stronger in the faith." Law is a something to be hated by an unlawful man; but, to the one who loves law, it speaks in whispers, yet loud enough to be heard by that humble listener, and in a language

that is not foreign to him, yea, though often it is only in a symbol or a cipher.

As we apply law to disease, we become acquainted with these mysterious movements of disease; thus we know them as perverted law movements and changes, through perversions in the life force; and so, as we appeal to law, we can scientifically apply it to these perverted movements and changes in what is known as disease, for we call into effect all the forces governed by that law. The truth is this, he feels that he is ever "standing in the omnipresence of law and it has taken possession of him." It is guiding and directing him into these strange and mysterious by-ways of perverted life action, which he, through his limited reasonings, otherwise can not follow, indeed he would become lost in this labyrinth of perversions and changes, due often to heredity alone. Law, you see, then, lifts that veil and enables us to see into that which seemed impenetrable and closed forever from our vision; thus we are led on from truth to truth, from mystery to even greater mystery, until life becomes clearly manifest in law. Our cures of disease are not to be found in Aconite, Arsenic, Apis and Aloes alone, but in their application to disease through the law of similia. Similia is not a disease nor a remedy nor a pathy, but a law. These miasmatic forces are in this way made plain as we study them from this standpoint, and we are prepared to give a reason for these many manifestations of disease, for we become viewers of nature through the telescopes of

law. By diving down into the very spirit of things, we are enabled to awaken a spirit of research in others, so that they take a part with us, and these things that have ever been a mystery to us, heretofore, become intelligible, yea, we get a genetic view of things, untrammelled by prejudice, and truth becomes an exact correspondence in its subjective and objective relations. In this way we can open up doors of truth that have been barred during all time. Hahnemann did this as he brought forth his mystery of the miasms and the law of similia. The world often frowns upon this truth, but it shines all the brighter for it, and like the diamond, throws out its light from every angle. The influence of similia steals over us gently through this wonderful law and the law is fulfilled in itself. It expunges the miasmatic taint and through its creative power, it creates health, bringing forth all the attributes of health and strength. Indeed "Homeopathy partakes of that great pulse of nature that beats against the barriers of materialism." It is the pulse of love, and with each throb comes a new genesis, a new life.

From the true scientist nature can not keep hidden her secrets, indeed her secrets and her mysteries are only hidden from him who tramples upon her laws and carest not to know her as she should be known. But to him who is honest and who earnestly endeavors to understand the truths of Homeopathy, all these truths are made manifest. No language is too old for him to read, it speaks to him in tongues of fire and he is allowed to escape from

the "hear-says" of uncertainty in his study of life and disease' so we are brought face to face with the true *Shckmah* in man and the secret of the diseased *ego* is made manifest.

HOW TO STUDY THIS WORK.

In order to get a perfect understanding of this work careful study should be made of the history and action of psora and pseudo-psora, which is to be found in the first half of this work, included under pages 9 and 164. There should also be a careful analysis of each expression of the miasms given therein; this is necessary in order to be able to discern their presence in the organism. We are now prepared to take up the study of the miasms under the different headings as found under the Rubrics, pages 164 to 267. This study will be found to be an interesting one if taken from a clinical standpoint, the truth is we can only have these facts impressed on our minds by a clinical comparison and experience. As our patients come before us we should procure from them as clear and perfect a clinical history as is possible, going back into the family history of the father, mother, sisters, brothers and not forgetting the clinical history of uncles and aunts, which is sometimes of more importance than that of the father or mother, when we come to consider heredity. Syccosis and syphilis is of course never to be forgotten, whether it be in the acquired form or in-

directly through heredity. We are to look for psora in the mental phenomena, in desires, aversions and habits of life; in their fears, longings, cravings, etc. We see it in the skin as we look upon it or touch it. The tubercular element can be seen in the circulatory system, in the arterial and venous expressions. In the physiology of the body in general, in the shape of the head, face, ears, nose, mouth, lips, teeth and in a thousand ways, as we come to study the different rubrics. All these things will have to be considered when we come to study a mixed miasm, therefore a comprehensive knowledge is necessary in order to discern their presence in latent forms in the organism. Each miasm has its own peculiar history, its physiological expressions, its mental phenomena, its aggravations of time and circumstances, its secondary and tertiary manifestations upon mucous surfaces or upon the skin. The repertory at the back of the book will also assist you very much in this work. If sycosis is present you will not be able possibly to get a perfect picture in all cases until you are in possession of the second volume of this work, which will follow this in a short time, and will deal wholly with the sycotic miasm and its therapeutics.

THE AUTHOR.

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